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THE AMERICAN MEDICAL MONTHLY.

FEBRUARY, 1856.

ESSAYS, MONOGRAPHS, AND CASES.

Case of Hydrophobia. By HOSEA FOUNTAIN, M.D., of Yorktown, N. Y.

On the morning of October 1st, my father, Dr. James Fountain, called on me, and with anxious looks solicited me to search my library over for Hydrophobia, for he feared that one of his most highly esteemed friends really had that awful disease. The great solicitude of my aged parent induced me to set about the task at once, and by 3 o'clock I was at the house of his friend, and joined him in attendance.

The subject was a Mr. Stephen Lee, of Yorktown, one of our most respectable farmers, and a most excellent man. He was sixty-four years of age, of a highly sanguineous temperament, and of robust health. He was temperate, of uniform habits, and possessed of great mental firmness.

About the 1st of last May, he observed a small dog chasing his sheep, frequently catching one, then another, until he drove him off. He followed him home to the house of his mistress. While there his own large dog and a similar one of his neighbor's met, and had a clinch. While these two large dogs were engaged in fighting, the small one busied himself in snapping the legs of both indiscriminately. It seems that, on the day previous, this small dog snapped at his mistress, and then disappeared, and was seen no more until he was discovered by

Mr. Lee among his sheep. In a month or so both of these large dogs died of hydrophobia, and three or four of Mr. Lee's sheep and several of his neighbor's hogs died suddenly and strangely.

Mr. Lee obtained permission to kill the dog; and in doing this he received a deep bite just above the little finger nail of the left hand. The wound was merely tied up, and soon healed, and the part henceforward appeared sound. Still, the bitten part often pained him, as did the whole arm to the top of the shoulder, resembling rheumatism.

A few days after this Mr. Lee received a deep puncture in his thigh from a pitchfork. A virulent inflammation of the part ensued, which extended upwards and produced an acute peritonitis. Although this soon yielded to appropriate treatment by my father, yet the abdomen continued sore, with occasional pains, all summer.

On the last three or four days of September Mr. Lee felt quite indisposed. His finger suffered darting pains, extending up his arm and shoulder, so that, on Sunday, the last day of September, he did not go to church, but kept his bed most of the day. At night he retired as usual, but feeling restless and uneasy, he rose at one o'clock, Monday morning, October 1st, and stepped across the sitting-room to the kitchen for a drink of water. Taking it up with a tin dipper from the pail, he carried it to his mouth, when a sudden, spasmodic, suffocating sensation, and catching of his breath, prevented him from swallowing, or even getting the liquid between his lips. Being resolute and determined to drink, he made two more attempts, with precisely the same results, only he did swallow a few drops at last, but he said it nearly suffocated him. He returned to his bed, still sobbing and sighing. He remarked to his wife that he was afraid that all was not right about that little dog.

Very early in the morning he rose and walked a mile to his daughter's, to send off his son-in-law to Peekskill for Penny's medicine for the bite of a mad dog. When there he tried again to drink but failed. He then walked home in the rain, and the drops striking him in the face caused him to catch

his breath and sob all the way home. He then sent for my father, who thus describes the first interview with him.

Monday morning, eight o'clock—Found Mr. Lee sitting up and walking around occasionally, and looking as well as usual, only there was a cast of anxiety and rather a wild stare sitting on his countenance. He related his failure to drink water, and to convince me he made two trials, with the same result, only the last time he swallowed a few drops, but it produced a most violent and painful suffocation, with spasmodic throes of the whole chest backwards. Still he could swallow hot drinks, yet these sometimes produced a catching of his breath and a shudder.

His skin was a little warmer than usual, his pulse beating 120 a minute, yet not hard; his tongue bore a thin yellowish-white, dirty-looking scurf; his face somewhat flushed, and his eyes rather staring or unnatural. His appetite was all gone, and his thirst moderate. His mind was clear and calm, and his deportment mild.

Although my judgment was convinced, yet my desires influenced me to hope it might be some freak of rheumatism, and that the difficulty of swallowing might arise from the coldness of the water. So I determined to put him to bed and give him a thorough sweat at any rate.

In this condition I found him sweating profusely. In looking over my authors, I found one post mortem appearance pretty constant in all cases; namely, evidence of inflammation about the top of the medulla oblongata. In many cases the stomach, fauces and lungs bore evidences of inflammation. Although this inflammation is the effect of a specific poison circulating in the blood, and not the essence of the disease, yet of itself it is, most conclusively, the cause of all those spasmodic movements and horrible convulsions which characterize hydrophobia.

From this view of the pathology of hydrophobia, we concluded there were but two indications to fulfil:

1st. To obviate the spasmodic movements by reducing the inflammation about the base of the brain.

2d. To evacuate the poison through the various emunctories, or to neutralize it.

His pulse being now 140 a minute, and not wiry, and he being opposed to losing blood, we regret to say this means was given up, but the more readily, however, from the fact that we had no faith in any course of treatment whatever.

Notwithstanding our poor prospect, we concluded to adopt a course to fulfil both these indications at the same time—a course that would tend both to relieve inflammation and to throw open the different outlets of the system. For this purpose the following was prescribed:—Tinct. colch. 3ij; tart. antim. grs. 3; in hot infusion of hyssop. To be repeated every half hour till vomiting and sweating ensued. After three doses were taken, he vomited a little. Soon after this, 5 grs. of tart. antim., which had previously been put in some hot tea, was given him by accident; yet, after all, he vomited but moderately. The effects were to induce a free perspiration, to reduce the flush of the face, to quiet him, and to enable him to swallow his warm drinks with more ease.

Tuesday, October 2d—Symptoms unaltered; has rested quietly, but slept none; skin still bathed in sweat; warm appliances and bedding gradually removed. After a careful cooling he rose, was dressed, and walked out into the sitting-room. Pulse 140; not much thirst; complains of some pain in his left arm and shoulder; can swallow hot drinks comfortably when brought up to his mouth, so as not to see them, his eyes being directed above them, otherwise he is suddenly suffocated with spasmodic jerking of his chest backwards.

Ice was now given him to hold in his mouth, and so let the water run down into his stomach. This caused him no inconvenience, and afforded him much relief and comfort, and undoubtedly served to render the blood less acrimonious. A bladder of ice was also now placed on the top of the nape of the neck, and kept there constantly. Ordered tinct. colch. 3j, and tart. antim. grs. ij, every three hours. In the afternoon his face became much suffused, inclining to lividity; his eyes prominent and wild and suspicious; cannot indure questioning, as it inclines him to spasms and greatly annoys him; he tells his friends he cannot bear it, they will please to walk into the other room. Towards evening he became very restless, and his face livid and his eyes staring. The medicine was repeated

every half hour till it vomited and purged him. Soon after these operations, the lividity of his face disappeared, and he became quite calm and comfortable, conversing pleasantly with his family and friends. He went to bed, rested quietly, but slept none.

Wednesday, October 3d—Much the same this morning, at any rate no worse. In the afternoon he gradually became more uneasy and flushed, and in passing through the door he was suddenly jerked back by a general spasm. He complained of an indescribable agony all over him, feeling, he said, that he must soon have convulsions. He sighed often, and was frequently obliged to catch his breath. Pulse 150; tongue about the same. At five, he could scarcely restrain himself, and the thoughts of water distressed him and made him feel wild and strange. At six o'clock, gave him tinct. colch. 3iij, tart. antim. grs. 4. It soon vomited and purged him, and he at once became quiet and calm, and the lividity left his face. At bedtime, he complained that the ice made his arm and shoulder more painful, so it was discontinued. He also remarked that his bitten hand was becoming very feeble and nearly helpless. He went to his bed, but slept none. Pulse 150; mind still clear and calm.

Thursday morning, October 4th—His left hand is now found to be paralyzed, but he still seems comfortable. Ate several oysters and drank a cup of coffee. At noon he became worse in all respects, and the afternoon was dreaded. Immediately nine leeches were applied to the top of the neck, close under the hair. They drew well. The bites were kept bleeding by poultices as long as he could endure the evacuation, and till he sensibly felt the loss of blood. He soon seemed far more comfortable every way; had his cup of tea and food placed on a stand before him. He now observed; "Now, don't talk or look at me." He ate his food and drank off his cup of tea quietly. He said he had to use much caution in drinking, to take the advantage of the spasms. If spoken to, even when drinking quietly, he was instantly suffocated, catching his breath, and looking wild and livid. By evening his whole left arm became completely palsied, but the spasmodic feelings had all vanished, and he could drink easily and freely of anything;

even cold water no longer distressed him. Went to bed and slept sweetly three or four hours, for the first time. Pulse the same.

Friday morning, October 5th—Woke at four o'clock this morning, and soon became much distressed; complained of an intolerable tightness across his chest and an awful agony all over him. Had my father called up, and told him he must have some more emetic or he should die. He had always found so much relief from them, that he was anxious to have one more. Gave him tinct. colch. 5ij., tart. antim. grs. iii. He soon vomited and purged. The livid color left his face, and he dropped into a deep sleep, resting three hours. He awoke quiet, calm, and comfortable, and could drink with perfect ease of anything whatever, and his spasms had all left him. Pulse still 140, and his right hand and arm are now also entirely palsied.

Saturday morning, October 6th—His palsy has now become general, yet he is every way comfortable, and seemed to enjoy his smoking, when the pipe was put between his lips. To me it was a melancholy sight to see him sitting with his pipe in his mouth as composedly as when he was in perfect health, yet unable to move a limb. This paralysis, or extinction of the vital principle by the rabid poison, went on to increase until every muscle, except those of respiration, was entirely paralyzed. These were unaffected to the last, for he could always breathe with perfect ease and freedom. In fact, all the organic nerves were uninfluenced, the sphincters of the bladder and anus acting well to the end.

A new phenomenon now presented itself. It was a constant discharge of white, frothy mucus from the mouth, proceeding, seemingly, from the fauces. This increased steadily until he died, requiring to be constantly wiped away.

At evening, every muscle below the neck seemed perfectly dead. He was now extremely restless and required to be carried from his chair to his bed every few minutes. He was now so totally dead and flaccid, that he folded down any way like flimsy rag. He had a most distressed night. In constant agony, he begged to be carried from his chair to the bed and back again every five minutes at the longest. Pulse 150; mind still calm.

Sunday morning, October 7th—About four o'clock this morning, my father was called up and besought to give him some rest. Up to this time he had not taken a particle of any kind of opiate. Considering the fate of the case as now beyond a ray of hope, a suppository of opium was introduced into the rectum. In a short time he fell into a sound sleep, and slept quietly, unless when roused up, all day. Mind still clear; averse to speaking; drinks not so frequently; ate but little; pulse 150, and very feeble.

Monday, October 8th—Still remains comfortable; sleeps most of the time; drinks easily; eats nothing; still breathes light and easy. His mind is now wandering for the first time; continues sinking.

Tuesday, October 9th—Is quiet; says nothing; drinks very little; his mind is absent; still breathes easily; sinking; pulse too rapid to count.

Wednesday, October 10th—He merely breathes. At eight o'clock A. M., without a struggle or a groan, he merely ceased breathing, and expired.

Remarks.

We would now ask permission to make a few remarks on Mr. Lee's case. Either my father or myself were always with him, and nearly all the time we had him under our eye.

We could not fail to notice the strong resemblance between this case and all malignant fevers. It had its morning remissions, and its evening exacerbations. Like them, it arose from a specific poison introduced into the blood, vitiating the whole mass of the fluids. Like them, it had its general vascular action, and its local determinations, with all their consequences. The yellow fever determines to the stomach, producing black vomit; typhus fever to the brain; whilst hydrophobic action determines to the base of the brain, producing inflammation about the top of the medulla oblongata, causing all those spasmodic manifestations which characterize hydrophobia.

The spasmodic movements peculiar to this disease are unquestionably the effect of the inflammation of this particular part. Although these convulsions stand out in bold relief, and form the leading feature in this disease, yet they do not consti-

tute its essence, for in this case these were entirely subdued by Thursday evening, the fourth day of the disease, so that strong hopes were then entertained of his recovery ; yet his pulse kept the same, showing that the morbid vascular action went on in the even tenor of its way till the vital principle was destroyed by the poison.

From the history of this disease, as it occurs among domestic animals, we find that about one-half die convulsed, and the other half paralyzed ; so it may be in the human subject. Of these, most of them die of convulsions. Most probably the majority take opium, which cannot fail, from its action on the brain, to aggravate the spasms and render them fatal. In this case opiates were studiously avoided until the seventh day, when every ray of hope, and all danger from spasms had passed away. In fact, the intensity of his sufferings at this period imperiously demanded it, and it would have been needless cruelty to have withheld it. Even then the opium suppository quickened his pulse 10 or 15 a minute, and rendered deglutition more difficult, and even somewhat spasmodic. It was with pain I noticed this effect. Still I felt justified, for he never suffered pain any more. The effects of the opium on the nervous sufferings were extremely happy and abiding. But its action on the brain fully confirmed the opinion that the spasmodic manifestations were the effect of inflammation of the medulla oblongata.

From this view of the pathology of hydrophobia, we clearly have two distinct conditions to combat, namely, the specific inflammation at the base of the brain, and the poisonous vitiation of the fluids. In Mr. Lee's case we succeeded in removing the first, but the last destroyed him.

For the removal of the inflammation, and consequently the spasms, we are convinced that bleeding, leeching, ice, vomiting, and purging, with colchicum and tart. ant. et pot. are amply competent.

For the removal of the vitiated condition of the blood, we have been informed that steaming with a temperature as high as could be borne has succeeded. This may expel the poison. But we cannot but place great reliance on the chlorate of potass. The lividity of Mr. Lee's countenance, and the dark and

grumous appearance of the blood, evident on leeching, led to a belief that this vital fluid was in a very depraved condition. In diseases of the heart, when the whole system is depressed with venous blood, we have seen the purple hue of the lips and whole countenance disappear under the use of this medicine, and give place to a healthy scarlet hue, and the desponding, gloomy spirits to be supplanted by a happy cheerfulness of mind.

In Mr. Lee's case we did propose to ourselves to use this medicine, but where all was gloom and settled despair on all sides, and no confidence existing in any means, we very naturally yielded up our judgment to the spirit of those around us, so far at least as to relax our efforts.

We hope the partial success in this case, and the suggestions offered by it, may stimulate others to perseverance, and ultimate success.

We will now offer two cases of accidental cures, which we have from very good authority.

CASE I.—Two boys in one family had hydrophobia. In his ravings, one fell down stairs, and cut a hole in his scalp. He bled so profusely that it was feared he would die of the hemorrhage. He recovered and the other one died.

CASE II.—A Mr. G., of this town, had the hydrophobia. He was an uncommonly robust, large, and powerful man. Finding he had the disease, he insisted on being bled down, to prevent him from doing violence to his friends. With this view he was bled often and profusely. He recovered.

We shall hereafter endeavor to furnish these cases. The length of time since they occurred renders it difficult to obtain their exact history.

Dr. Sanger's Uterometer. By B. FORDYCE BARKER, M.D., Professor of Midwifery, &c.

The uterine sound proposed by Prof. Simpson has very greatly added to our diagnostic means for investigating the

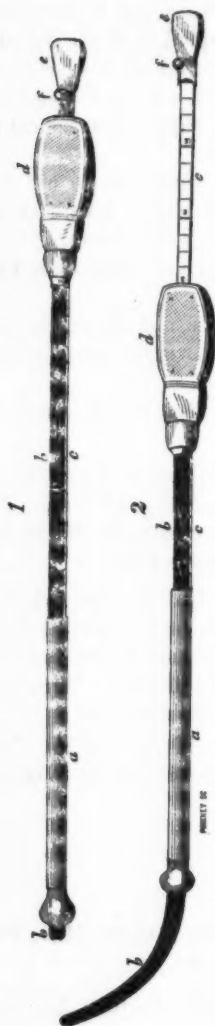
pathology of the uterus and the other pelvic organs. The speculum only reveals the condition of the cervix. The sound greatly increases our power of making a more perfect tactile examination of the fundus body and cervix. It assists us in determining the position of this organ in the pelvic cavity. In cases of pelvic and hypogastric or abdominal tumors, we are enabled by this instrument to ascertain their connection or non-connection with the uterus. It is also a therapeutic agent of great value in the reposition of the displaced organ. But perhaps it is more frequently used to measure the length of the cavity of the uterus than for any other purpose. Dr. Sanger, Resident Physician to the Blackwell's Island Hospitals, has invented and caused to be made an instrument, which we have found exceedingly convenient, and much more available for the purpose of measurement than Simpson's sound. The advantages of the instrument are the following :—

1st. The measurement of the cavity is accurately registered at the handle.

2d. The sound readily passes into the cavity, even where the organ is flexed.

3d. It can easily be introduced through the speculum, which, for obvious reasons, is often desirable.

We propose to call the instrument, which is made by Tieman,



"Sanger's Uterometer." The accompanying drawing and explanation will be readily understood.

1. *a* Silver canula surmounted by an ivory bulb.

c A steel strip graduated for measurement, and attached to the canula.

d Handle, to which is attached

b A steel spring, covered by an elastic bougie. The handle, *d*, slides upon the steel strip, *c*, and pushes before it the elastic covered spring through the canula, *a*.

e A small slide made to designate the measurement, and adjusted by means of the screw, *f*.

When in a quiescent state, the instrument appears as in No. 1; but when the bougie is protruded beyond the canula, the steel spring within it causes it to assume the appearance of No. 2. The whole length of the instrument is fifteen inches.

DUPUYTREN.

Translated from the French of M. Verron for the *Monthly* by M. DESLANDES.

In every age, men born under favorable auspices, have been able, through their character, their talent or their genius, to create for themselves the highest position, to give their name a lasting historical fame, whether as great Captains, on the battle field, or at the Tribune as Orators, or at Court as King's Counsellors.

A man of this age has attained the highest standing in science, has given to his name in France and Europe a lasting and historical fame, by ascending every day, at six o'clock in the morning, for more than 30 years, the steps of the Hôtel-Dieu; by ascending the same steps at six o'clock in the evening; by carrying to the bed side of every patient the treasures of his learning, of his experience; by performing, iron or fire in hand, prodigies of skill, of audacity, of presence of mind and of firmness of soul; by replacing organs reduced to inaction by artificial ones; by pursuing in the most inaccessible cavities of the human body the last roots of an invading and destructive disease; lastly by tracing in a voice that breathed conviction, and with a striking lucidity, before an immense gathering of stu-

dents, religiously attentive to the voice of the master, a rapid and concise history of every patient and every disease, and by describing the minutest details of his modes of operating, whether the fruit of long meditations or improvisations of genius in presence of unexpected dangers. That man was Dupuytren.

There always is greatness in those who devote their whole life, and all the strength of their mind to incessant duties, to constant studies, to endless researches. Those who thus rise above their rivals by their character, their ardor for work and success, those have indeed a right to aspire during their life to the first seats in Academies, in the Schools, and, after their death, to what is called glory, to those monuments, to those bronze or marble statues, lastly to those public honors which immortalize the remembrance of a useful and illustrious life. Among these eminent men, some have a noble, even a proud bearing; others add to all their merits that of modesty; but all men of genius have a lively sentiment, whether secret or avowed of their personality. We must honor great and noble ambitions. In thinking thus I free the life and memory of Dupuytren from the calumnious insinuations of envy.

Dupuytren was born in 1777, in the arrondissement of St. Yrieix, Department of the Haute-Vienne. He studied in Paris, where he obtained the highest academical honors. In 1803, he was appointed assistant Surgeon at the Hôtel-Dieu. The Surgeon-in-chief was Pelletan.

In 1808 Dupuytren succeeded in getting the appointment of assistant surgeon-in-chief. From the title of assistant-surgeon to that of assistant Surgeon-in-Chief there was a great distance. Dupuytren attached much importance to the quality of the title. Dupuytren was accused of secret and incessant underhanded dealings against Pelletan. It is true that as soon as he was assistant Surgeon-in-Chief, Dupuytren wished ardently to have no one before him, and that later, when Surgeon-in-Chief, he did not wish to have any body behind him.

Some pupils of Dupuytren maintain that to get Pelletan's place, he only took advantage of one of those accidents which are not without examples in the hospitals. This is the fact: In 1814, a patient entered the Hôtel-Dieu of Paris; a grave disease had invaded the whole of the articulation of the shoulder.

Dupuytren, assistant Surgeon-in-Chief, examines the patient. "To save him, said he, we must perform a bold operation, and after a new method, we must tie the subclavian." This operation Dupuytren takes upon himself to perform. Pelletan rejects the advice of his assistant. Pelletan admits only of the old methods. He operated, the patient died in his hands.

Other students of Dupuytren pretend that it was not so. According to their statement: a Russian, in 1814, having been shot in the thigh, was brought into the wards of Pelletan. The crural artery was to be tied; in trying to pass an instrument under this vessel, to apply the ligature, Pelletan carried the point of the instrument too deeply and opened the *femoral*; hæmorrhage followed; to arrest it he applied a *ligature en masse*. The patient died. This fatal operation had been performed before a numerous assembly of the surgeons of the Foreign armies.

However it be, Pelletan, by a decision of the counsel of hospitals, was obliged to leave the Hôtel-Dieu; Dupuytren, towards the end of 1814, was appointed Surgeon-in-Chief.

An assistant Surgeon-in-Chief was required, Beclard and Marjolin competed for the place; Marjolin was appointed.

The first day of his entering into office at the Hôtel-Dieu, Marjolin stood in a room, mingling with the students and awaiting the arrival of Dupuytren. Dupuytren appears, and instead of holding his hand to his colleague; "Sir, said he to him, take an apron and follow the visit." There was a vast difference between the intellect of Marjolin and the genius of Dupuytren. Marjolin, discouraged, asked from the counsel of administration of Hospitals, the appointment of surgeon at the Hospital Beaujeon. Very little was ever said of him.

Dupuytren, during long years, reigned alone at the Hôtel-Dieu. He gave such renown to the surgical teaching of that vast Hospital, that all the eminent Surgeons of the whole world accounted it an honor to come and attend his brilliant lectures. His language was clear, concise and simple. He gave proofs of a prodigious memory. I have heard him in one of his clinics cite La Fontaine à propos and with correctness.

Science possesses but very few writings from the hand of Dupuytren. His lectures were collected and published by one

of his pupils, but we do not recognise in them the words of the master.

Dupuytren, of a lofty stature, with a haughty expression on his well-formed lips, inspired respect and fear, like all those who are born with a taste for dominion and the gift of command. But, at the bed side of the patient, he showed sensibility, almost tenderness; we were moved at hearing him utter words of benevolence. This sympathy restored courage to those whom pain reduced to despair; I have often seen the physiognomy of the patients express hope and joy when Dupuytren said to them, with a simple and noble confidence: "I will cure you!" Amongst the people, the memory of Dupuytren is still venerated.

Dupuytren wore invariably a green coat and white waistcoat and blue trowsers. This costume was, so to speak, for many years, a surgical uniform. Mr. Marx one of Dupuytren's favorite pupils, wears it still.

He has left the largest fortune that a surgeon was ever able to make in France, more than four millions. However his large practice was not the only source of his riches. Dupuytren was called to attend the baron James Rothschild, who had been thrown out of his Tilbury. The latter had a serious wound of the head, which Dupuytren was lucky enough to treat successfully. The great financier, in his turn, did all in his power to increase the fortune of the great surgeon. In 1830, when Charles the 10th was compelled to leave France, the baron Dupuytren offered him a million. Dupuytren was unaffected and obliging to all his colleagues, and was opposed and disdainful only to those who aimed at being his equals.

In 1830 Dupuytren had a wish to be a deputy; he offered himself as a candidate for St. Yrieix; he was defeated, and had for a successful rival a country physician, who was himself soon replaced by Mr. Saint-Marc Girardin.

One morning, whilst giving his clinic in the amphitheatre of the Hôtel-Dieu, Dupuytren was attacked with paralysis of one half of the face. He finished his lecture, but from that moment the great surgeon was lost to science and to humanity.

He was advised a journey to Italy which partially restored him. But anxious to resume his labors, he returned and fell, the 8th of February, 1835, a victim to the consequences of his cer-

ebreal affection, and to a pleurisy, with purulent effusion. His testament is a master piece of good sense and of high reason ; in these last words, we recognise the man of genius who observed so well the animal and moral man.

Long ago had Dupuytren established at the Hôtel-Dieu a Pathological museum. He left to the Faculty of Medicine of Paris 200,000 francs, for the creation of a public museum which might contain all those specimens, and of a chair for the teaching of pathological anatomy.

Thanks to the care of Orfila and of Mr. Cruveilhier, that savant so modest and so devoted to his useful researches, the Faculty of Paris possesses a museum of pathological anatomy, which bears the name of its creator, the great surgical name of Dupuytren, and which rivals the celebrated Hunterian museum in London.

We have in France a rich museum of sculpture and painting, that testifies to the genius, power and fecundity of human intellect ; Dupuytren has raised a museum which testifies to the painful, miseries of mankind, and to the efforts, so often successful of that great man to relieve them.

Dupuytren's funeral was imposing and solemn. All the savants of our schools and of our academies, all the youth of the amphitheatres and of the hospital, and an immense crowd of people followed to their last resting place the remains of the surgeon of the Hôtel-Dieu.

On the Tincture of Strychnos Nux Vomica. By H. G.
DAVIS, M.D.

In the November number of the AMERICAN MEDICAL MONTHLY, are given several prescriptions of strychnos nux vomica, but there is no mention of the alcoholic tr. of the rasped seeds. This preparation, in my hands, has proved itself preferable to any other for many purposes, but particularly for its power to give tone to the nutritive system. In many forms of dyspepsia, there can hardly be found an individual article to excel it. Its effect upon the cerebrum is as valuable as that upon the alimentary canal, for by its exhilarant

power it overcomes that mental despondency so common in this disease, changing the gloomy melancholy into high hopes of recovery. The mental exhilaration is of itself a promoter of digestion. The old adage of "laugh and grow fat" is founded upon correct philosophy. In costiveness, and piles arising from this cause, the extract (for convenience), combined with the argenti nit., is a most valuable prescription. The strychnos appears to increase the motor power of the muscular fibre, while the nitrate arouses the sensibility of the mucous membrane of the alimentary canal, so that the parts take cognizance of any accumulation of foreign substances and removes them.

The remedy should be given in sufficiently large doses, and so often repeated, that it will, after a day or two, produce a lax state of the bowels, and a sensation of heat about the rectum on going to stool; the dose then may be diminished, and continued in sufficient quantities to give one or two stools a day for several days.

In neuralgia, the alcoholic tr. has been more potent, and a form more readily varied to meet a case, than any other preparation. I have mentioned its exhilarant quality, and it is this power that renders it so efficacious in neuralgia, for there are many cases of the disease in which the pain will subside, while under the influence of mental excitement.

In neuralgia it has been my custom to combine it with morphine, not only for the anodyne effect of the salt, but because it prevents tetanic spasms, that large or often-repeated doses of strychnos will produce.

From observation, I am satisfied that we occasionally fail to relieve this difficulty by not making our remedies of equal power with the disease. As a general rule, I think it is safe to push our remedial agents until we control the pain, or get their specific effect. As an illustration, allow me to relate a case:—Miss F., from Charlestown, Mass., had been severely afflicted with facial neuralgia for some months, and for the last two had not been able to get an hour's quiet rest in the twenty-four. She had received the best medical advice, both in Boston and Charlestown, without obtaining any relief. She was then advised to travel. While on her journey, I was called in the

night to visit her, the pain being so insufferable, although a lady of extreme fortitude. I administered forty drops of the tr. strychnos, with one-sixth of a grain of sulph. morphine, every fifteen minutes, until she had taken five doses; she then remarked that she was becoming easy, and inclined to sleep. She afterwards informed me that she had no more pain for five days, then only slight, and finally recovered, without other medication.

The tr. is valuable for its power to diminish the secretions from the serous and mucous membranes, a power which would indicate it in diarrhœa, and any lax or leucophlegmatic state of the system. Its effect upon the nerves of involuntary motion would render it available in cases of impaired respiration from this cause; also in that strumous affection of the muscle of the heart which results in dilatation.

It has checked the paroxysm of intermittent fever, in conjunction with quinine, where the latter had failed.

It is a preparation of strychnos that will well repay any practitioner to investigate.

823 Broadway, New York.

REVIEWS AND BIBLIOGRAPHY.

"Nullius addictus jurare in verba magistri."

Transactions of the American Medical Association. Vol. VIII.—The Prize Essay—Statistics of Placenta Prævia. By JAMES D. TRASK, M.D., White Plains, New York.

In several respects we regard this volume as a decided improvement over all its predecessors. It contains several articles of great interest and value. We have been particularly interested in the elegantly written paper, "On the Hygrometrical State of the Atmosphere in Various Localities and its Influence on Health," by Professor Hunt, of Buffalo; the valuable paper on "Deformities after Fractures," by Professor Hamilton, of Buffalo; and the excellent "Report on the Diet of the Sick," by Professor Charles Hooker, of New Haven. We would suggest to the author of the last paper, the pro-

priety of publishing it in a separate volume, for more general circulation, believing that it would be eminently serviceable in correcting many popular errors. But it is of the Prize Essay of Dr. Trask that we design more particularly to speak in the present number of the Journal. We know of no young man in the Profession more deserving of high respect than Dr. Trask. An unassuming, quiet practitioner in a country village, he has won a most enviable reputation from the valuable papers that have already emanated from his pen. His monograph on "Rupture of the Uterus," published a few years since in the American Journal, is regarded by obstetricians in Europe and in this country as the most complete essay that has appeared on this important subject. He must possess a curiously analytical mind, and none who have not themselves made the attempt can form an idea of the amount of labor required in preparing such papers, based as they are on tabular analysis. We hope ere long to see Dr. Trask occupying a field and filling a position commensurate with his ability and his industry. We make these remarks without the bias of personal intimacy, but found them entirely on his public reputation. We doubt not that the Profession will fully endorse the opinion of the Committee on Prize Essays, that the paper entitled "Statistics of Placenta Prævia" evinces an unusual degree of industry in the collection, and an uncommon talent in the arrangement and classification of facts, from which the author draws practical deductions of high value. The essay is accompanied with extensive tables of cases, which ensure its completeness and enhance in no small degree its usefulness.

As our readers very well know, Professor Simpson, of Edinburgh, in 1845, published an elaborate paper in support of a recommendation which he had previously made, to detach the placenta artificially in cases in which it is impossible or inexpedient to deliver by turning. His recommendation is restricted to the following class of cases: "Severe cases of unavoidable hæmorrhage complicated with an os uteri so insufficiently dilated and undilatable as not to allow of version being performed with perfect safety to the mother, therefore in most primi paræ; in many cases in which placental presentations are connected with premature labor and imperfect devel

opment of the cervix and os uteri ; in labors supervening earlier than the ninth month ; when the uterus is too contracted to admit of turning ; when the pelvis or passages of the mother are organically contracted ; when the child is dead ; when it is premature and not viable ; and when the mother is in such a state of extreme exhaustion as to be unable, without immediate peril to life, to be submitted to the shock and dangers of turning or forcible delivery of the infant."

Dr. Trask says, the great success which this method of treatment promised, "led to the early trial of the new practice, and in not a few instances, it was resorted to when delivery by the ordinary means would have been equally efficacious and safe, as when the os was dilatable and the patient in a favorable condition for turning, or even delivery by the unaided efforts of nature. In some instances, turning has immediately followed the entire detachment of the placenta, thus exposing the child, as may be supposed, to unnecessary risk. It is believed, also, that, in our own country, its limitation to certain exceptional cases, to which it was originally recommended as applicable, has been disregarded ; and the new practice is spoken of by many of high general intelligence as one that may be employed indiscriminately with the old practice, or resorted to in any case as a matter of experiment."

For the purpose of ascertaining the value of this new suggestion and comparing it with other modes of treatment, Dr. Trask has collected all the published cases of placenta prævia which he could find in the leading medical journals and in the pages of standard authors, to which he has added several cases communicated to him by physicians in whose practice they occurred. These he has arranged under three heads.

The first table, which occupies thirty-three pages, consists of cases subjected to the various ordinary modes of treatment, embracing recoveries and deaths, and a few cases that died undelivered. The whole number of cases in this table is 251—183 recovered ; 68 died. There were 200 cases of turning ; 141 recovered ; 59 died, or one in three and four-tenths ($3\frac{4}{5}$). The average mortality of cases of turning, according to Prof. Simpson, (London Lancet, 1847, vol. ii., p. 381), is *one in two and nine-tenths* ($2\frac{9}{10}$). In the Obstetric Memoirs of Professor

Simpson, the Editors state, in a foot note, "In the controversy with Dr. Lee, the latter considered that twenty-six of Dr. Ramsbotham's cases ought not to be included in this table. If these, however, be omitted, there will remain 156 cases, the result of which is as follows :—

Table of 156 Selected Cases of Turning in Placental Presentation, the Operation not having been Over-delayed.

Number of Cases.	Maternal Deaths.	Proportion per cent.
156	48	1 in $3\frac{3}{8}$

It will be seen that this result is within one-tenth the same as that arrived at by Dr. Trask.

Of a total of 236 delivered by artificial aid, 172 were saved, and 64 lost, or *about one in three and seven-tenths* ($3\frac{7}{10}$).

Dr. Trask carefully analyses this table in the following particulars, viz. :—The degree of hæmorrhage in different classes of cases ; degree of placental presentation in different classes ; condition of os uteri at time of delivery ; fate of the child ; and management of the placenta. Our limits will not permit us to give the results of the analysis of each of these heads.

Table II. embraces thirty-six cases of spontaneous expulsion of the placenta, prior to the birth of the child. The result is given in but twenty-nine of these cases, two of whom only died, one eight days, the other twelve days after delivery, both from diarrhœa. Of the thirty-six cases, there were sixteen delivered by spontaneous expulsion, one apparently so, three assisted by traction ; in nine the mode was not stated ; seven were delivered by turning.

Dr. Trask infers from a study of this table, that cases in which the placenta is expelled before the birth of the child, as a class, are characterized by a tonicity of the womb and a vigor of uterine contraction, which we do not find in ordinary cases of the accident ; the proof of this being in the large proportion of cases in which delivery is *perfected* by the unassisted efforts of the uterus.

Table III. includes all the published cases in which the placenta was artificially detached by the birth of the child.

According to this table, the mortality after artificial separation is one in four and six-tenths ($4\frac{6}{10}$). The mortality after

spontaneous separation is a trifle less than one in fourteen (1 in 14). The results as to the children are as follows:—15 children were saved, 32 were lost. In sixteen the result is not stated; two were not viable; 1 was undelivered. A trifle less than one in three were saved. There were saved after ordinary modes of delivery one in two and seven-tenths (1 in $2\frac{7}{10}$). Dr. Trask considers "the important fact demonstrated beyond reasonable doubt, that entire separation of the placenta is followed, in almost every instance, by cessation of hæmorrhage, and that, in a majority of cases, the cessation is instantaneous and complete. Furthermore, it does not appear that the operation is attended by any peculiar difficulty, or that it exposes the patient to any especial danger. This knowledge affords the assurance that we have a precious resource, where delivery by other means is inadvisable or impracticable. * * In those instances of rigidity of os uteri, in which the flooding is dangerous and uncontrollable, as according to experience it frequently is, this must prove a most valuable expedient, as is shown by a mortality of 1 in $5\frac{5}{16}$, compared with that of 1 in $2\frac{4}{6}$ after turning. Again, in cases of extreme prostration, in which delivery by turning would be hazardous, and yet the hæmorrhage continues, the detachment of the placenta may be resorted to with almost a certainty of its putting an end to the loss of blood, and thus *affording an opportunity for the natural powers to rally*, perhaps to a spontaneous expulsion of the contents of the womb."

The following is an abstract of the practical conclusions of Dr. Trask's paper:—

1st. We have shown that, as a general rule, cases in which delivery takes place prematurely are attended with greater risk to the mother than those occurring at the full time, with the exception of those before the seventh month, which rarely prove fatal, in consequence of the undeveloped condition of the blood vessels of the womb at that early period. The probabilities of the child being saved are probably better at full term, though this is not so distinctly shown by our statistics. Hence, if it be possible, cases in which premature delivery is threatened ought to be conducted to the full period.

2d. Most cases of *partial* placental presentation require only rupture of the membranes. By this simple expedient, the

uterus is brought into active contractions, and hæmorrhage restrained within moderate limits, or entirely suppressed, until delivery takes place spontaneously, as occurs in a large proportion of cases, or is accomplished by art. But hæmorrhage, in cases of partial presentation, is not always thus controlled, and our first table furnishes not a few which were attended by most alarming loss of blood.

3d. In cases of complete presentation, if hæmorrhage does not yield to simple measures, and in dangerous cases of partial presentation, early delivery is of the first importance. To select the most favorable opportunity for this is often one of the most critical tests of the physician's skill. To do this before the os has become dilatable is to incur the risk of inflicting serious lesions upon the uterine neck, and a difficult and protracted withdrawal of the child; while, to wait unnecessarily long, is to expose the patient to great hazard from unnecessary loss of blood. The rule should be to wait not for a dilated, but a dilatable condition of the os. The great source of danger in the conduct of cases of placenta prævia is the delay required to permit the necessary dilatation of the mouth of the womb; while waiting for this necessary prerequisite to delivery, exhausting hæmorrhage has often taken place, from the effects of which the patient has never recovered.

With the hope of keeping the bleeding in check during this necessary delay, the membranes may be advantageously ruptured; for we need not, in these cases, fear any embarrassment to delivery from this cause, inasmuch as the uterus is almost invariably relaxed after severe hæmorrhage. The administration of ergot, under such circumstances, in the manner already described, with the view of keeping up a pressure upon the mouth of the bleeding vessels until the os should dilate, is sanctioned by the results of some of our cases in which it was employed; and although not often given, as we judge, with this particular view, it promises to be, in many cases, a valuable resource.

4th. But whatever means may be resorted to for keeping in check the flow of blood while the os is undergoing dilatation, the physician should not leave his patient after that process has begun. Dangerous, and even fatal flooding sometimes takes place even when the os is yet undilated, as happened in a case recorded by Smellie.

5th. But in some instances, hæmorrhage will not yield to the means thus far recommended, and the os continues unprepared for artificial delivery. In these cases we may separate the placenta, with the confidence of almost certainly putting an end to the hæmorrhage, and with and almost equal certainty of

destroying the child ; unless the os should permit artificial delivery within a short time after the separation is effected. The urgency of the symptoms in such instances, is sometimes very great, and it must be left to the judgment of the practitioner, in each individual instance, to determine whether to separate the placenta or to wait still longer.

6th. The os may be dilated or dilatable, and the patient in a state of extreme exhaustion. Here, turning could be performed with facility, but delivery would be hazardous. In these cases the placenta may be detached with much less disturbance to the mother than would occur in turning under such circumstances, and an opportunity afforded for the patient to rally before she should be delivered. Table III. affords several instances in which spontaneous delivery took place, after such separation, and the patient recovered. Yet even in these cases, we must bear in mind that children are by no means necessarily destroyed by excessive loss of blood by the mother ; and a resort to the stethoscope would doubtless often prove of great assistance, where in doubt as to the propriety of detaching the placenta. When we have satisfactory evidence that the child is dead, there can be no objection to an early resort to the separation of the placenta.

We have been accustomed to regard the directions for the management of these cases as laid down by Prof. Murphy in his "Lectures on Midwifery" as better expressing our own views, than those of any author that we have met with. We append them, that our readers may see how remarkably they harmonize with the deductions of Dr. Trask's Statistical analysis.

1st. *In a case where no exhaustion has taken place*, or where it is but commencing, turn and deliver the child the moment the os uteri is sufficiently dilated. If it be dilatable, (and this is generally the case,) you may pass through it, although it be not larger than a crown piece. If it be not so, by properly compressing the placenta, and using other means to support the circulation, you will prevent exhaustion increasing until you can deliver the patient.

2d. *In a case of extreme exhaustion*, with frequent fainting, fluttering pulse, rapid, labored, perhaps stertorous respiration, blowing of the cheeks, jactitations, incoherent and general pallor and coldness of the surface, do not attempt to turn the child ; rather separate the placenta, and leave the child undisturbed, until some decided reaction takes place. I am aware that this rule is a direct infringement on the principle of those

who look with horror on the risk of allowing a woman to die undelivered. It appears to me to be the only chance of preventing her death.

3d. *When the os uteri is rigid*, use every means to compress the placenta, and to increase the action of the uterus, so as to give it time to dilate, and to enable you to turn; but if hæmorrhage so increase as to cause a dangerous degree of exhaustion, separate the placenta, rather than force your hand and arm into the uterus.

We regret to add that there are a few typographical errors in this essay.

On page 640, near the bottom, read "45 cases complete or 21 per cent partial."

On page 664 near the top, for 9.5 and 6.5 read as on page 640, 10th line.

On page 675, fourth line from bottom, for 37, read 35 per cent. and for 23, read 21 per cent.

B. F. B.

Professor Dalton's Introductory Letter.

This is a discriminating and student-like performance, its subject being the methods which should be adopted in the study of medicine. It specifies the objects and the limits of the different departments of medical science, and the order in which these should be studied.

In his remarks upon the methods of studying *anatomy*, Prof. Dalton holds the following language in regard to the use of the microscope, and to chemical manipulations. We quote them with pleasure, as they illustrate a distinction between actual anatomy on the one hand, and two correlated sciences on the other, which is very generally overlooked.

"In pursuing this and similar examinations, we must keep clearly before our minds the object we have in view; and always remember the distinction that exist between the real subject of our study, and the means used in its examination. Let us not commit the error of regarding our subjects as different because our methods of investigation vary. Thus, when we use the microscope in examining the body, we are not studying optics, but anatomy—we are not even pursuing a branch essentially different from ordinary anatomy, but are merely using an instrument, to gain the same information with regard to the

smaller anatomical forms that the naked eye gives us with regard to the larger. So the chemical manipulations used in examining the body are to be regarded as anatomical instruments only, of another sort;—and they may be used alternately, in chemistry or anatomy, according to the object we have in view. Thus when the chemist takes fibrine, and examines it as an isolated body, without reference to its origin or physiological destination, as he might examine sulphuret of iron or carbonate of magnesia; when he separates its ultimate elements and ascertains how much oxygen, hydrogen, carbon, and nitrogen it contains; when he learns what are the results of boiling it with potass, or decomposing it with sulphuric acid,—then he is studying chemistry, and not anatomy or physiology; for his whole object and aim in examining the substance, is the investigation of its purely chemical phenomena. But when he examines fibrine in its relation to the organized frame, when he endeavors to learn under what form and in what quantity it exists in the blood, what are its properties while circulating in the vessels, and what are the modifications of these properties in different parts of the body; then he is studying its anatomy, and not its chemistry. For the chemical operations to which he has recourse are resorted to, in this instance, simply as a means and not as an end."

Upon his favorite department—*Physiology*—Prof. Dalton has the following remarks:—

"The characters which distinguish this branch from the preceding, are well defined and important. Anatomy is the description of the body in a state of rest. Physiology is the description of it in a state of activity. We see, then, that the order in which these branches are arranged is not an arbitrary one, but natural and necessary. One must precede,—the other must follow. It is so with all the departments. But it is important to bear in mind this fact:—*that although the first is always a necessary preliminary to understanding the second, the facts of the second cannot be, in the least degree, inferred from those of the first, but must be studied by themselves.* Thus, chemistry is essential to anatomy, because certain substances, belonging to chemistry, such as chloride of sodium, occur as constituents of the human body. Chemistry teaches us the composition, reactions, mode of crystallization, solubility, etc., of chloride of sodium, and if we did not know these we could not extract it, or recognize it when extracted from the body. But if we knew its chemistry ever so well, we could not, on that account, *infer* its presence as a constituent of the body, nor in what quantities, nor in what situations it would present itself. These facts

must be ascertained for themselves, as a part of anatomy proper. So, again, the structure of the body in a state of rest, or its anatomy, is to be the first understood ; but its active phenomena, or its physiology, must then be ascertained by direct observation and experiment. No knowledge of anatomy, however minute and thorough, could ever teach us that the muscular fibre was contractile, or the nervous filament sensitive. Those bodily phenomena, even which are purely mechanical in their nature, require the same direct examination. The *structure* of the heart may be learned by dissection ; its rythmical and complicated movements baffle all *a priori* hypotheses, and must be actually *seen* to be understood. This is not because they are at all obscure or mysterious in their *nature* ; for they are as I have already said, purely mechanical in character ; but because their conditions are so peculiar, owing to the tortuous course of the fibres, their arrangement in interlacing layers, their attachments and relations, that their combined action produces an effect altogether peculiar, and not similar to that which is observed anywhere outside the living body. Many of the phenomena of life are chemical in their character ; There are combinations and solutions, decompositions and re-compositions ; but these, again, cannot be inferred from any previous chemical knowledge, but must be ascertained by themselves, as they take place in the organized frame. No other plan of investigation will succeed, because many of these reactions do not take place, and cannot be made to take place anywhere else. This, again, is not because there is anything particularly mysterious or extraordinary in their nature, but because the conditions, necessary for their accomplishment, are met with in the body, and not elsewhere. A difference in the surrounding conditions will modify the simplest chemical phenomena. If a hot concentrated solution of sulphate of soda be allowed to cool in contact with the atmosphere, it crystallizes ; covered with a film of oil, it remains fluid. Sulphur, which solidifies at a temperature of 232° , crystallizes in oblique prisms ; below that point, it crystallizes in rhombic-based octahedra. It is plain, then, that we cannot foretell, from our knowledge of the chemical reactions of a substance outside the body, what will be its reactions in the body ; since the conditions under which it is placed are new.

Ferro-cyanide of potassium and perlactate of iron, by mutual decomposition, produce Prussian blue. But if the lactate of iron, be injected into the right jugular vein of an animal, and ferro-cyanide of potassium into the left, so that they may meet in the blood, no Prussian blue is produced. The serum of the blood holds both salts in solution, and yet they do not act on

each other ; because there exists also in the serum an organic substance, which by its presence prevents their usual reaction. If this organic substance be destroyed by a few drops of sulphuric acid, then the two salts are at liberty to act on each other, and the Prussian blue is immediately produced.

If a solution of cyanide of mercury be injected into the femoral artery, it returns unchanged by the femoral vein, and the animal suffers no inconvenience. But if injected into the vein, and carried through the heart to the lungs, it destroys life in less than a minute ; because in the tissue of the lungs it meets with a substance by which it is decomposed with the production of hydrocyanic acid, that poisons at once the nervous system, and stops the action of the heart.

Such facts as these give us an idea of the peculiar delicacy and complexity of the phenomena which we meet with in studying Physiology. Singular as it may seem, there is a tendency in some minds to ignore this complexity in the phenomena of life,—to push it out of the way, and cover it up, as if it were a stumbling-block in the path of science, instead of being, as it is, an essential fact, to be recognized and studied like any other. I could name more than one physiological writer, whose whole endeavor seems to be to reduce science, as it were, by force of arms, to a series of simple propositions, which do not express its real character. They attempt to square physiology on the pattern of other sciences, instead of taking it as it really presents itself, and in studying it as chemistry and physics, they forgot to study it as physiology. A single example will make my meaning in this respect more easily understood. It is well known that a certain amount of sugar is constantly introduced into, or produced in the body ; and that as it enters the blood, it is destroyed and disappears as sugar, passing through a series of transformations, the details of which are not altogether understood. In diabetes, this sugar, for some cause or other, is not destroyed as it is in health, and accumulates in the blood—making its appearance, consequently, in some of the secretions. Some years ago, the chemist Mialhe observed that when sugar was boiled with a solution of potass, it was destroyed under the influence of the alkali, losing the properties of sugar, and becoming converted into a brown substance, known as malassic acid. Observing also that the serum of the blood was alkaline, he concluded that it was by this alkali that the sugar was naturally destroyed in the circulation ; and that when the alkalescence of the serum, from any cause, was insufficient, all the sugar could not be destroyed by it, and therefore accumulated, producing the condition of Diabetes. He observed, in this instance, what took place in the test-tube, and

from that inferred what took place in the blood—forgetting by some inconceivable fatality, the essential difference between a solution of caustic potass, at the temperature of 212° , and the slightly alkaline blood, composed of twenty different ingredients, at the temperature of 100° , and circulating in the vessels of the living body. His conclusion was worthless, as the expression of physiological fact, for the simple reason that, in the body, the sugar is *not* boiled with caustic potass, but is subjected to other influences. The destruction of sugar by boiling potass, on which he based his theory, is a purely chemical fact, of a certain degree of importance, and extremely interesting to know; but it is not a physiological fact, and he was not, as he supposed, studying physiology.

Let us not, then, commit the mistake too commonly made, of taking it for granted that things will be in the body as they are in the test-tube and crucible. We cannot tell whether they will be so or not, until we look and see. If we persist in regarding the organized frame as a furnace or a filtering-jar, and its actions as identical with combustions and filtrations, we may amuse ourselves with introducing into physiology an imaginary simplicity, but we shall make no progress in positive knowledge. If we wish to study the structure and growth of sea-weed, we do not look for it in fresh water. If we wish to study the functions and phenomena of life, we must search for them in the living body, and in the living body alone—take them as they are, and not compare them with other things which are dissimilar."

We would also transfer some of his remarks upon Pathology, did our limits permit. We object to the assertion that "physiology throws no light on pathology;" though we admit that it "brings us up to the threshold of pathology;—it does not carry us over it." It is true that "the pathologist must study the body in disease, just as the anatomist and the physiologist have studied it in health." But since "a disease is only a morbid condition of the functions, as health is a natural condition of the functions"—and since no *new* functions are developed in disease but only those with which the physiologist has become familiar—it seems to us that some light is thrown upon pathology by physiology, and that it would not be "a necessary preliminary" to the extent insisted upon, were it not for this very fact. Provided, however, the student is really induced thoroughly to study physiology before he enters upon pathology, it may not be to him a matter of importance how this point is decided.

We consider Prof. Dalton eminently qualified for the study of disease in the way he indicates—and which the present state of science demands.

Prof. Dalton explains the fact, that physicians now give less medicine than many years ago as follows:—

“This is not, as I have already intimated, because they have lost, in any degree, their confidence in the power of drugs, but because they have become convinced that the previous methods of investigation were, to a certain extent, erroneous, and not likely to produce a satisfactory result, so long as every unknown disease was at once attacked with the multitude of unknown remedies, the operation of which tended rather to perpetuate our ignorance than dispel it. Now, retracing our steps as far as they have been made in a wrong direction, we are endeavoring to attain the same end by a different and more practicable route. We now feel the necessity, on undertaking the care of a patient, of making our *diagnosis* clear and complete, including every circumstance that shall throw light on the actual condition of the patient. This is, at present, the most important work that the practical physician has to do; and it is his way of doing it that more than anything else distinguishes the good from the inferior practitioner. That done, his next object is to be sure and not to injure the sick man by unnecessarily meddling with him, or by allowing him to be exposed to accidents and imprudencies that would tend to aggravate his original difficulties. Beyond that, he uses few drugs, because what he does employ he wishes to use in an understanding manner, and with his eyes open—not blindly, or at hap-hazard.”

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On the Organic and Functional Diseases of the Stomach. By
GEORGE BUDD, M.D., F.R.S. S. S. & W. Wood. 1 vol.
8vo. pp. 283. (From the Publishers.)

This volume consists of sixteen lectures, most of which appeared in the London Medical Gazette, at intervals, from 1847 to 1854; and which are now republished with such additions and corrections as the author's subsequent experience has suggested.

The first two lectures are upon the difficulties attending the study of stomach disorders, and on post-mortem softening and perforation of the stomach from the action of the gastric juice.

He finds perforation to occur only at the left extremity of the organ, where it is thinnest ; and that the two following conditions are essential to its production : 1st, that the stomach shall at death contain a certain quantity of gastric juice, or at least of muriatic or lactic acid, and this is most likely to occur in healthy persons killed by accident ; and, 2d, that the stomach shall be kept, for some hours after death, at the temperature required for artificial digestion.

The next eleven lectures discuss the various organic diseases and functional disorders of the stomach. Of the former, congestion, inflammation, ulceration, and cancer, are considered. Of ulceration, he specifies three forms—perforating or simple ulcer of the stomach ; perforating ulcer of the duodenum ; and minute superficial ulcers of the stomach. Dr. Budd has had positive proof that simple ulcers have healed under the treatment he recommends, viz.:—1. Milk and compounds of milk and farinaceous substances, for diet, and in quantities not sufficient to distend the stomach. 2. If there are sour eructations or vomitings, he advises from five to ten grains of tris-nitrate of bismuth a quarter of an hour before each meal, and a dose of magnesia at night. If there is much irritability of the stomach, small lumps of ice allay it ; and if the pain at the stomach is harassing, and the nights restless, crude opium in pills is best. For constipation, he uses an aloetic or a compound colocynth pill. If hæmorrhage from the stomach occur, ice, swallowed and applied to the epigastrium, rest in the horizontal position, and the oil of turpentine, ten to twenty minims in cold water, repeated according to the urgency of the symptoms, are recommended. This plan must be pursued, so far at least as the diet is concerned, for weeks, and in some cases for months, till all the symptoms of ulceration are removed.

Of the functional disorders of the stomach, the author treats of sympathetic irritation, deficient secretion of gastric juice, fermentation in the stomach, with development of *sarcinæ*, indigestion from deficient action of some excreting organ, and peculiar forms of it, as in drunkards, &c.

The fourteenth lecture discusses the symptoms of stomach disorders ; and the last two, their appropriate remedies.

Dr. Budd has enjoyed ample opportunities for investigating

the symptoms and the treatment of the diseases mentioned, as one of the physicians of King's College Hospital. His former work on the liver established his reputation as a writer, and the present work, though not by any means exhausting the subjects of which it treats, is a valuable practical treatise.

E. R. P.

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M. D., Secretary.

Nov. 14.

Dr. Isaacs presented a *prostate gland*, with the bladder and several lymphatic glands, which had undergone encephaloid degeneration. The bladder, in the neighborhood of the prostate, was degenerated, and along the iliac vessels and aorta the lymphatic glands were enlarged, some of them to the size of a pigeon's egg. The mucous membrane of the bladder was eroded, and the capacity of the organ diminished. The symptoms presented by the case were these: About five years ago the patient began to complain of dyspeptic symptoms, with debility, lassitude, slight pain over the bladder, and difficulty in urinating. About two years ago these symptoms increased much in severity, and the urine became bloody, sometimes a large quantity of blood being passed. This state continued, without any other symptom worthy of note, until death, when the encephaloid disease above described was discovered.

Dr. Finnell presented the *stomachs of two patients* who had died of acute gastritis, caused by irritating ingesta. The first was that of a boy, who, while playing in the streets with his two little sisters, found a plate containing some food, of which they ate. In one hour after, the boy was taken with thirst, violent vomiting and purging, and great prostration, which in the course of seven hours destroyed his life. The girls were likewise affected, but recovered. Upon examination it was found that the substance eaten was arsenic, mixed with indian meal and molasses. An *autopsy* showed the stomach not much inflamed, except at one point, where the mucous membrane was destroyed from intense inflammatory action. *Dr. Finnell* has seen seven or eight cases of arsenical poisoning, and in all of them the fatal issue has occurred in about seven or eight hours.

The second case was that of a woman, who had died from poisoning by eating soup made from mutton which had been kept cooked in the house for five or six days. The entire family, consisting of five persons, were poisoned; all except the mother recovered. After eating the soup, the patient vomited and purged violently, and died in a collapsed condition. The tongue throughout the attack was white. *Autopsy* showed the mucous membrane of the anterior wall of the of the stomach healthy, and the posterior thickened and softened. Along the course of the vessels there was a deposit, which Dr. Finnell thought to be fibrinous, but Dr. Clark regarded rather as a deposit of fat, and not morbid. The subject appearing one of considerable interest, Drs. Finnell and O'Rorke were requested to collect and report at a future meeting all cases which they could find bearing upon it.

Dr. Finnell then presented the *intestines* of a child, born at full term, in which the rectum was obliterated for two inches; the obliteration commencing at half an inch from the anus, and extending upwards, joined the intestine above, which was dilated into a stomach-shaped cavity.

Dr. D. S. Conant presented a *bladder* and *calculi* removed from a boy aged four and a half years, the account of whose case is this: About fourteen months ago he had swelling and pain in the glans penis and scrotum, with dysuria, impairment of appetite and sleeplessness, and a little pus at that time passed with his urine. These symptoms continued to exist, and on the 2d of October last he was placed under the care of Dr. Banks, who, upon examination, determined the existence of a stone in the bladder: a second and third examination failed to confirm this diagnosis, but a fourth again discovered it. A day was not fixed for the operation, but the preliminary examination again failing to detect the stone, it was postponed. In the meantime the little patient was attacked by scarlet fever and died. For seven days before death he passed offensive pus by the urethra, and complained of pain over the hypogastrium. *Post mortem examination* showed the existence of an abscess lined by pyogenic membrane, which communicated with the bladder, by an opening half an inch in diameter on its left anterior portion, and extended downwards nearly to the urethra. Two calculi were found in the bladder, one smooth, about the size of a filbert, the other rough, and about the size of a peanut. Dr. Conant believes that there were three calculi in the bladder, but that one escaped into the abscess and was lost.

Dr. C. M. Allin presented a *monster*, in which were united all the elements of fetal development, but which was acephalous, without superior or inferior extremities, and otherwise singularly deformed. In the upper part, the eyes and nose could be recognised (or rather points which were apparently rudiments of those organs), and hair and teeth were apparent; at its centre an umbilical cord was found attached, and at the inferior extremity of the mass a foot with great toe and heel existed. The Doctor, while riding near the village of Flushing, was called to assist a German woman, who was in labor with a child whose arm presented. He at once turned and delivered. The operation was difficult, as the waters had escaped some time previous, and the infant was still-born. Upon questioning the woman subsequently, he was informed that this was her fourth labor, that she had been twice delivered with instruments, and that on that morning she had given birth to a child with two heads, which, being examined, proved to be the specimen presented. It was referred to Dr. Isaacs for examination.

Dr. Alonzo Clark presented the *heart* of a child, whose history is as follows:—Up to eight or nine months of age nothing worthy of note appeared in it, but at that time cyanosis developed itself, and dyspnœa, which came on in paroxysms, was observed. In this condition it lived until it arrived at the age of two years and seven months, when an attack of dyspnœa proved the immediate cause of death. On *post mortem examination*, the heart was most singularly malformed. Between the auricles, two openings existed; one appeared like the unclosed foramen ovale and the other resembled a divided valve. The left ventricle was large and strong, and the auriculo ventricular opening closed only by half a valve, one curtain of the mitral valve being imperfect and not aiding in the prevention of regurgitation. The right auricle showed no opening into any ventricle; the blood went from it into the left auricle, then into the left ventricle, and then into the aorta. A quasi septum formed the wall of the sinus which was a substitute for the right ventricle; from it passed out the pulmonary artery, and through a minute opening through its septum passed a small portion of blood. The pulmonary arteries, as far as could be learned, were pervious, the veins normal, the thymus gland large, and the spleen of usual size. Through the small opening in the septum of the right ventricle only about one-tenth of the whole volume of blood in the circulation could pass, and this small amount was consequently all which was aerated with each systole of the heart.

Dr. Clark then showed several specimens of *ulceration of Peyers and Brunners glands*, the result of *typhoid fever*. In one the disease had lasted three and a-half weeks, in another seventeen days, and in a third it had existed for twenty-three days; from the last the patient was recovering when, in walking, he fell, and caused a rupture of the intestinal walls and death. In past years he remarked, each autumn has brought with it a few scattered examples of typhoid fever, and its consequence, ulcerated glands, but this year all autopsies made of patients dying of fever at Bellevue Hospital have revealed this lesion.

Dr. Cock stated that two fatal cases had occurred this year at the New York Hospital, in one of which the immediate cause of death was hæmorrhage from the intestines, and in the other perforation.

The point to which *Dr. Clark* desired to call attention was this, that the type of fever is now fast changing from typhus to typhoid, and that soon the former, which for nine years has reigned, will give place to the latter. Some years ago a famine occurred in Ireland, and with the increased immigration, which it caused to America, came typhus fever, which did away with the existing typhoid. In time it died out, and again typhoid appeared; but the famine of 1846, with the exodus to which it gave rise, renewed the disease, and for nine years it has held its own; now again, however, it is disappearing, and the original type will resume its sway until a similar cause arises to displace it.

Nov. 28. *Dr. Detmold* showed a tumor about the size of a walnut, composed of a red, soft, and yielding tissue, which had been removed from the ramus of the inferior maxilla, and which, examined with the microscope by *Dr. Dalton*, proved to be colloid in its nature. It had formed a protuberance both internally and externally, and by causing pressure upon the bony tissue, had produced almost complete absorption of that portion in its neighborhood, only a few scattered spiculæ remaining around the tumor. Upon making an incision, the knife passed directly through, meeting with no obstruction from the maxilla. The only symptom of malignancy which it had presented was its very rapid growth.

Dr. C. D. Smith presented a specimen showing a stricture of the urethra surrounded by an extensive abscess in the perineum, disease of the prostate, hypertrophy of the bladder, dilatation of the ureters and pelves of the kidneys, with pyelitis, the result of the stricture. History of the case:—On the 16th of November, the patient, a man of moderately good constitution, aged forty years, entered Bellevue

Hospital, presenting these symptoms. The pulse was accelerated, and there was much constitutional disturbance; the scrotum, peritoneum, and parts above the pubis, were distended, œdematous, and appeared red and inflamed. Upon inquiring into the previous history of the patient, it was found that when a child he had sustained an injury in the perineum and had ever since urinated with some difficulty; during the past few weeks this had been much exaggerated, and the stream of urine had gradually diminished in size until it was passed "guttatim," and gave rise to great distension of the bladder. The case was regarded as one of laceration of the urethra, and the treatment adopted by Dr. Smith was this: The first step was to make free incisions into the œdematous parts, including those above the pubis, the scrotum, and perineum, which gave exit to a bloody fluid smelling strongly of urine; the second was to introduce a catheter into the bladder, in the accomplishment of which, however, he was foiled until he incised the prepuce, the elongated and œdematous condition of which interfered with the passage of the instrument. He then passed in a No. 7 metallic catheter; about two inches from the meatus a spasmodic stricture was encountered but soon overcome: not so, however, one of organic nature met with at the membranous portion, which could not be passed even by the smallest instruments. It was now imperative that the contents of the bladder should be at once evacuated, and accordingly a No. 7 catheter, being carried down to the stricture, an incision was made upon it in the median line, the point of the instrument exposed, and the incision continued on towards the bladder; a gush of $\frac{3}{4}$ vi of urine came from the wound, and was followed by considerable blood. The surgeon now proceeded to pass a small bougie into the bladder, and, as he thought, succeeded, but as the patient appeared exhausted, and expressed himself relieved from the desire to urinate, he thought it advisable to let him rest for the night. At nine o'clock the next morning, patient was found in a low typhoid state; the œdema had subsided, and fluid (probably a mixture of serum and urine) poured freely from the wound. A female catheter was now passed into the bladder (as it was thought) and secured; urine passed freely through it. During the night of that day, the patient died, and on *post mortem* examination, it was found that no opening had been made into the urethra behind the stricture, but that an abscess had been opened, and that the catheter passing through this, had been lodged in the areolar tissue of the part. No rupture of the urethra or bladder could be anywhere discovered.

Dr. Finnell presented a testicle removed from a boy fifteen years of age, at St. Vincent's Hospital. The boy from infancy had had swelling of this testicle, which, at intervals of every two or three years, formed an abscess which would discharge itself and then heal again in a short time. About two weeks ago he entered St. Vincent's Hospital with an ulcer on the scrotum, through which protruded a fungous growth, and from which pus was discharged. A consultation was held upon the case. Some of the surgeons present thought that the patient should be placed upon anti-scrofulous treatment, and the part left untouched, while others thought that the probability of the frequent recurrence of the difficulty rendered extirpation advisable. In accordance with the latter opinion, *Dr. Finnell* removed the testicle, which, upon examination, presented the following appearance: Upon the external surface were seen little eminences resembling tubercular deposits, but which, upon examination, were found to be particles of degenerated fibrin, and within the mass there existed a small abscess, which contained pus, and communicated by a fistulous orifice with the external surface, through which its contents were discharged.

Dr. Finnell then presented a portion of the spinal column of a boy nine years of age, in which an abscess, the result of acute periostitis, had been found raising up the periosteum at a level with the third lumbar vertebra, and pressing upon the canal. History of the case: The boy, while at play, was "standing upon his hands," his body and legs being poised in the air, when one of his companions, seizing his feet, had suddenly jerked him backwards, and kicked him several times in the lumbar region. The injury inflicted caused him so much pain, that he had to be assisted home, and that night had an attack of convulsions. On the next day he complained of violent pain in the back, and the convulsions recurred. Leeches were applied to the part, and other appropriate treatment instituted, but the convulsions continued up to the eighth day, when death supervened. On *post mortem* examination, the abscess above mentioned was found encroaching upon the spinal cord, none of its contents being admitted into the canal, but its walls keeping up steady pressure upon it. No deformity could be observed externally except a slight prominence, caused by exuded lymph, which was perceptible to the finger. Throughout the case paralysis was looked for, but did not occur; delirium was constant.

Dr. Livingston showed a still-born fœtus of full term, in which the occipital bone was absent, and from the deficiency thus formed and

from a similar one in the upper part of the spinal column there depended a large sack of clear, limpid, fluid, about one quart or more in amount. He regarded it as a rare species of spina bifida, but the larger part of the deficiency being in the occipital bone, he was not certain whether or not it could be thus classed. Dr. Detmold remarked that he had never before seen so marked a case of spina bifida which was unconnected with some other congenital deformity, as club foot, cleft palate, webbed toes or the like. Dr. Markoe's experience coincided with this, and he mentioned an example in the museum of the N. Y. Hospital, in which several of these deformities, together with a double rib, exists. Dr. White asked whether there had been intermarriage in the family, as he had observed these deformities to follow it. Dr. Livingston was not aware of there having been any. The delivery of this fœtus was invested with some interest, and the Dr. related it thus; at two P. M., on Monday, he was summoned to the mother, who had suffered the pains of labor since nine o'clock that morning. Upon his arrival the pains were severe, the abdomen much distended, os uteri dilated about two and-a-half inches, and through it protruded into the vagina a large bag of waters, which prevented the presentation from being recognized. He soon ruptured the membranes and a pailful of fluid was discharged, which caused great faintness in the woman, from which she did not fully recover for half an hour, the pains which then came on were weak, but the head soon came down, and the right ear could be distinctly felt as the presenting point. He now endeavored by manipulation to produce a vertex presentation but failed to do so, and the head descended in this way until the chin came under the pubis, when the face was found to present; the delivery then proceeded with some difficulty. The child being detached, he made a vaginal examination and found the placenta nearly out of the vulva, but above it discovered a round hard tumor to which the membranes (but not the placenta) adhered, and which upon being irritated was observed to contract; this was soon determined to be the uterus, which was in a state of inversion. Peeling off the membranes he grasped the tumor firmly in his hand, and making firm concentric pressure at the same time that he pushed it upwards, he was soon enabled to restore the organ to its normal position, after which all progressed favorably.

Dr. Minor presented a specimen showing a rupture in the *vena cava ascendens* about half an inch above the iliac bifurcation, of which the history is as follows:—Dr. Cochran of Brooklyn, was suddenly

called on the 27th of November to a woman in the 5th month of pregnancy, who, while dancing at a ball, had suddenly fallen to the floor and expired. A post mortem examination was held, and revealed the lesion just mentioned. Into the peritoneum, had escaped about a basinful of blood, which had formed into clots. Dr. M. regarded the case as very rare, and thought that very few of a similar nature were on record.

Dr. Hutchinson showed a tube of false membrane ten inches in length, which had been passed from the rectum by a patient laboring under an attack of dysentery, which presented nothing in its symptoms worthy of special note. From the time of the casting off of this tube, the patient had improved. Dr. Clark had suggested that instead of false membrane it might be a portion of the intestine itself which had sloughed from intersusception, and Dr. Sayre mentioned a case of which he was cognisant confirmatory of this view. Dr. Clark had never seen false membrane expelled in dysentery similar to that before him, but had repeatedly seen shreds of false membrane cast off, in which organization was less advanced, and in this connection he showed a quantity of false membrane cast off by a lady forty-eight years of age, who appeared to possess within her an exhaustless manufactory of the material, which was expelled irregularly at monthly or semi-monthly intervals. Examined under the microscope, cells are seen in it held together by a byaline membrane; some of the cells are elongated, as if in the process of forming fibres, and probably if retained for a sufficient length of time in the intestine would do so.

Dr. Markoe showed a foot in which the vessels were injected so as as to make evident the existence of *extensive nevus* in the sole. All the veins and the anterior tibial artery were much enlarged; the posterior remaining of normal size. The patient from whom the part had been removed was a young German, who entered the N. Y. Hospital with a callous ulcer on the the sole of the foot of five months standing. Upon admission he was submitted to the most approved method of treatment for ulcers, but without any improvement. Suddenly the ulcer began to bleed, but the hæmorrhage soon ceased; in a short time however it recurred, and continued to do so at intervals until operation was resorted to. So serious was this hæmorrhage that Dr. M. once saw it flowing in a streams as large as a crow quill. These developments in the case, at first regarded as of no peculiar interest, incited closer investigation when it was found that the disease was characterized, 1st, by a fulness in the plantar region which the patient asserted had existed for a long time, and which was diminished

by pressure upon the arteries above ; 2d., by a blueness and tenderness of the integuments and a peculiar boggy feel upon touch, and 3d., by a thrill which was evident to firm pressure and could be checked by stopping the arterial circulation at any point above. For the cure of the case exsection had been proposed, but as soon as the true nature of the disease was appreciated, it was rejected ; ligature of arteries was then proposed, but rejected, 1st., because the general enlargement of the vessels would have called for ligature of the popliteal or femoral arteries, and 2d., because experience has proved that ligature of arteries for this affection in the extremities is far less successful than on the face. Amputation, then was the only resort, and was accordingly performed.

Dr. Clark showed the *sexual organs and rectum* of a female who had come under his notice in Bellevue Hospital in the following condition : the perineum was almost entirely destroyed, a band of cutaneous tissue which stretched from side to side, being the only thing which divided the vulva from the rectum. The whole had sloughed away, whether from syphilis or not is uncertain, for although syphilitic ulcers existed they were not phagædenic in character ; the probability was that the slough had occurred in consequence of an operation for fistula in ano which had a short time previous been performed upon her. A short time before admission into his service, the patient had complained of severe pain in the abdomen which was followed by free discharge of pus from the vulva and then by hæmorrhage. It was just after this that she came under his notice : he was forced to make rather a hasty examination, but succeeded in discovering the following state of things ; in the space between the vagina and rectum there was a pouching down of a kind of tumor whose anterior surface was covered by a mucons membrane, which was recognized as the posterior wall of the vagina. This pouch passed down into the vulva and into the space once occupied by the perineum ; its wall was perforated by a small hole, up which a probe could be passed for a distance of six inches and radiated on its axis at the point of entrance, as if in a large cavity. On intervals hæmorrhage occurred "*per saltem*," as was stated by those who saw it, but Dr. Clark was disposed to believe that this phenomenon was caused only by the contraction of neighboring muscles, and not by arterial action. To restrain the hæmorrhage styptics were employed, and they not succeeding, Dr. Smith, then on duty in the surgical wards, was called in, but all efforts at arresting it proved ineffectual, and the patient bled to death.

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covered filling the entire space between the vagina and rectum ; its walls had become gangrenous, and from some portion of them it was that the hæmorrhage had occurred, though the exact point could not be determined. Just below the orifice in the vagina, just mentioned, there was found another of small size which also communicated with the cavity. Dr. Clark expressed the opinion that the occurrence of such violent hæmorrhage from gangrene attacking the walls of an abscess is very rare.

Dr. Clark then presented the *brain* and its *membranes* with the portion of the *spinal cord* of a woman who died of *cerebro spinal meningitis*, in the Marine Hospital, Staten Island. The specimen together with a history of the case was sent by Dr. Elisha Harris, the resident physician, of whose notes the following is a summary. On the 15th of Nov., an unmarried German woman aged 23 years, of leuco-phlegmatic temperament, and of previous good habits, was admitted to the hospital with acute articular and muscular rheumatism. Her countenance was observed to wear a peculiar expression (which in the notes is described as "drunken") and the surface of the body was œdematous. She complained of no headache, the intellect was clear, and the pulse only 88, but quick and full ; the secretions were scanty ; urine free from albumen or other abnormal constituent. The treatment adopted was that of rheumatism, viz, acetate of Potash \mathfrak{z} i every fourth hour, with alkaline and opiate lotions to the joints. This was continued up to the sixth day, when the patient's countenance becoming more drunken, the mind more languid, and the bowels relaxed, it was deemed advisable to direct attention to the nervous system, although the diagnosis of the disease was as yet only surmised, accordingly opium gr. i, and quinine gr. iii, were administered every fourth hour. On the 8th day spasmodic contraction occurred in all the flexors of the extremities, and intense pain existed upon pressure along the spinal column throughout its whole extent. Ordered cups along the spine and continue opium and quinine. On the ninth day all the symptoms became aggravated and the urine and fœces passed involuntarily. On the tenth day she sunk into collapse and died comatose.

At the autopsy there was discovered fluid under the meninges of the cord throughout its whole extent ; the meningeal covering of the medulla was injected in spots, more especially so at the level of the last cervical, and four upper dorsal vertebrae, where fibrinous exudation and considerable extravasation from the vessels was likewise observed. At the base of the brain was about one \mathfrak{z} of serum and some exudation

of fibrinous material. The heart was fatty and much enlarged, its weight being estimated at ten pounds. Of the kidneys the Dr. says, they "were inadvertently returned to the coffin unexamined. It is not presumed that they were diseased unless degenerated like the liver."

CHRONICLE OF MEDICAL PROGRESS.

A case of Ovarian Tumor, complicated with Ascites, cured by the large Abdominal Section and Injections into the Cavity of the Peritoneum.
By E. R. PEASLEE, A. M., M. D., Professor of Surgery, &c.

MARY JANE T——, aged 26, a member of the community of Shakers in Enfield, N. H., was first visited by me, on account of a dropsical affection, on the 17th of February, 1854, in consultation with Drs. J. Clough and S. G. Wood, of that town.

The patient was of a sanguine temperament, strong and vigorous when in health (weighing about 150 pounds), and had been accustomed to active labor, especially to dairy work. She had never suffered from any disease, except some degree of indigestion and a slight cutaneous affection.

About three years ago (March, 1851,) she first noticed a general fulness of the abdomen, the left side being somewhat largest, though she has never felt any distinct tumor. During a febrile attack of a few days, the enlargement had diminished, but soon increased again. She had never had pain in the left side, except when it could be attributed to the action of cathartic medicine, and this kind of remedies had not had any effect to diminish the size.

In the autumn of 1851 she took calomel (by the advice of Dr. J. Dyer) to salivation, and this was repeated by turns for six months, during which time the enlargement somewhat diminished. No medicine was taken during the fall of 1852 and the following winter. From February to May, 1853, the patient was under the care of Dr. R. J. P. Tenney, of London, N. H., who advised the application to the abdomen of the iodide of potassium in solution, and bandaging, with mild cathartic remedies. She has, however, constantly increased in size.

There has been but a small quantity of urine for three years past, unless when the kidneys were excited by diuretics. The iodide of potassium has had the best effect; and next, nitrate of potassa with

gin. But no diuretic has produced any decided effect during the past year, the urine having averaged not more than eight ounces in twenty-four hours. The skin has always been in a good condition.

The appetite is usually good ; the breath has been constantly affected by the pressure of the dropsical accumulation during the last six months. She has slept well, lying on either side, but not on the back, till since she was tapped, five weeks ago, by Drs. Clough and Wood, who removed nineteen and a half pounds of a thick, ropy fluid, of a greenish straw-colour. She kept her bed a week after the operation, had no inflammation, and was much relieved by it. The circumference of the abdomen, before the tapping, was fifty inches, and only a part of the fluid (probably less than one-half) was withdrawn. After the tapping, a tumor became apparent to the touch.

At the time of my visit (February 17, 1854) the patient was in a good condition generally, except that the tongue was coated yellow and the pulse was considerably accelerated. On examination of the abdomen, I found the circumference to be fifty-two inches, there being no perceptible difference in size on the two sides. The umbilicus, however, was very prominent—nearly the size of a hen's egg—and appeared very thin and almost transparent from distension. No distinct tumor could be felt externally. She had had no return of the catamenia for three months, though, during the summer, this discharge had occurred every fortnight. She first became irregular two years ago, when debilitated by powerful cathartics.

Examination *per vaginam* demonstrated the existence of a tumor, more apparent on the right side, and evidently containing fluid. A sound introduced into the cavity of the uterus, showed this organ to be moveable and of the normal size, but inclined to the left side. *Per rectum*, also, the tumor was easily perceived, and found more prominent on the right side of the pelvis. A sound passed into the bladder, showed the latter to be not displaced and not adherent to the tumor.

I therefore diagnosticated the case to be one of *ovarian tumor* (the right ovary being diseased), *complicated with ascites*, and proposed to perform the operation of *paracentesis abdominis*, both because it was now again demanded by the dyspnoea, and because the evacuation of the fluid would either decidedly contradict or confirm this diagnosis. I therefore, assisted by Drs. Clough and Wood, proceeded to tap the patient in the ordinary way, at the point in the linea alba midway between the pubes and the umbilicus. The discharge of the fluid was very frequently arrested by the canula becoming clogged up with a

delicate membrane, almost precisely resembling tissue paper when floating in water, and of which enough was drawn through the canula in the aggregate, apparently to cover the whole surface of the peritoneum. The operation was thus very much prolonged, sixty pounds of a clear gelatinous fluid having been withdrawn. A tumor was thus rendered very apparent, being of an ovoid figure, and having a transverse diameter of about nine inches. It appeared to be free from adhesions, being moveable to the right and left in the peritoneal cavity. The diagnosis was thus in all respects confirmed.

The patient was very solicitous to have the operation of ovariectomy performed. I, however, declined to perform it for the present, and did not again see the patient till October, 1854. In the mean time, however, Dr. Clough had found it necessary to tap her four times, having removed at one time (July 20) *one hundred and six pounds of fluid* and at another *one hundred and three pounds* (November 7). Previously to the tapping of July 20, the circumference of the abdomen was *five feet and three inches* (sixty-three inches). In the interval between the tapplings, the fluid had accumulated at the average of very nearly *two pounds a day*. From September 15 to February 9 ensuing—one hundred and forty-seven days—two hundred and eighty-eight pounds of fluid were secreted, and ninety pounds during the last forty-two days. The tumor becoming apparent after each tapping, was found to be increasing in size, but apparently no adhesions had yet formed. It now, however, clearly consisted of two sacs at least, instead of one.

I found, in October, 1854, that the patient's general health had essentially failed since the preceding February, and that she was becoming much emaciated. After much solicitation, I engaged to perform the operation in the February following, if the circumstances then seemed favorable, as I should be absent from New England till then. On the 29th of December she was again tapped by Dr. Clough, and ninety-five pounds of fluid were withdrawn.

Previously to the operation on the 7th of November, the downward pressure of the fluid in the cavity of the abdomen had so elongated the *cul-de-sac* between the rectum and the vagina, as to even cause it to protrude from the vagina, between the labia, in the form of a sac. On the 7th of November, Dr. Clough operated by merely puncturing this protrusion and passing a gum-elastic catheter through the puncture into the cavity of the peritoneum, and thus evacuating the fluid. After the cavity was evacuated, the catheter was withdrawn, and the puncture healed by the first intention. The protrusion gradually

restored itself to its natural relations, and in a week nothing unnatural could be detected at the upper part of the vagina. Dr. Clough adopted the same method in the subsequent tapplings, and with precisely the same results.

In a letter, dated November 10, 1854, giving an account of the first tapping in this manner, Dr. Clough adds: "I will suggest the idea that, if her case is ascites occasioned by the pressure of the tumor, would there be any chance, in your opinion, if you should introduce a gum-elastic catheter into the orifice in the vagina, when the fluid passed out, and let it remain while the incision in the abdominal wall is healing? I wish you would give this idea a little attention, and let me know what you think of it."

I replied that I had before anticipated that if I removed the ovarian sacs the ascites would not *at once* cease, since the peritoneum would not at once return to a normal condition, and that I should adopt the suggestion if I operated for the removal of the tumor.

On the 9th of January, 1855, Dr. Clough writes that he drew off ninety-five pounds of fluid on the 29th of December, and that she was now "very comfortable, walking from one room to another, and working some."

Soon after this it was definitely arranged that I would perform the operation of ovariectomy on the 12th of February, and that the patient should be tapped on the 9th (seventy-two hours before the operation), by Dr. Clough; it being done *through the vagina*, as before, and a gum-elastic catheter (corked tightly) being left projecting through the puncture into the cavity of the peritoneum up to the time of the operation.

Accordingly, on the 9th of February, Dr. Clough, assisted by Dr. Wood, operated, and removed eighty-two pounds of fluid. From seven and a half to eight pounds also afterwards escaped through the puncture, by the side of the catheter—making in all ninety pounds. No untoward symptom occurred from the operation or the retention of the gum-elastic tube, and three days after the tapping I removed the ovarian tumour by the large abdominal section, as before arranged.

Feb. 12, 1855. I found the patient very much emaciated and debilitated; indeed, her general health had begun to give way decidedly. She was, however, cheerful, and felt positive she should recover from the operation about to be performed, and had long been very impatient to have it done. As ninety pounds of fluid had been withdrawn from the peritoneal cavity seventy-two hours previously, when

her circumference had probably not been less than five feet, the abdominal walls were collapsed in such a way that they could easily be carried on either side around to the spinous processes ; and the distance on the corrugated surface from the pubes to the umbilicus was sixteen inches. The gum-elastic tube remained as left at the time of tapping, and a large tumor, apparently consisting of two sacs, and and very movable, partly filled the collapsed peritoneal cavity.

An examination per vaginam, and per rectum, and also with both the urethral and the vesical sound, gave the same result as at my first visit a year previously ; except that the tumor was now much larger, and was adherent, apparently to a slight extent, to the omentum near the liver.

The temperature of the room was raised to 80° Fahr. ; the air also being rendered humid by the evaporation of hot water. The patient's bladder was evacuated, and the pudenda covered with a cloth applied like a diaper, after the pubes had been shaven. I had also prepared an *artificial serum*, similar to the natural secretion of the peritoneum, to be kept blood-warm, and into which I should plunge my hands before bringing them into contact with the peritoneum during the operation. This was made according to the following formula : R.—Pure water, Oiv ; albumen (white of eggs), ℥vj ; common salt, ℥iv.

The other elements of the natural secretion of the peritoneum being in very small quantity, were omitted. These preparations being made, the sulphuric ether was administered as an anæsthetic, and I proceeded to operate, assisted by Drs. Clough and Wood, Dr. Buzzell, of North Enfield, and Dr. Bean, of Lebanon, N. H.

The operation.—I commenced with an incision eleven inches long in the linea alba, extending upwards from the symphysis pubis, penetrating the skin and the very thin superficial fascia only. The slight oozing of blood soon ceased, and I then completed the incision to the same length through into the peritoneal cavity, from which nineteen pounds of fluid at once escaped. The tumor was thus brought into view, and seen to consist of two large sacs, with an immense number of small ones, as is usual, when the tumor is not solid. On passing my hand and forearm into the peritoneal cavity, and carrying it round the tumor, I also found it adherent, to a slight extent, to the great omentum, as I had expected.

The tumor was much too large to be removed through the incision in the abdominal walls ; and therefore the two large sacs, and several smaller ones, were evacuated by a trocar and canula, to reduce its size. In this way, between nine and ten pounds of fluid were removed,

when it was found possible to bring the tumor through the incision. In overcoming the adhesions preparatory to this, a small artery in the bands of which they consisted was found to require a ligature. Then the tumor was drawn through the incision, and held by two assistants, while I passed a double ligature of six threads of saddlers' silk (waxed but not twisted), through the centre of the pedicle; and then cut off the latter between the ligatures and the tumor itself. The mass thus removed weighed nine pounds. Add to this the fluid removed from it as before explained (nine to ten pounds), and the weight of the ovarian mass alone is seen to have been between eighteen and nineteen pounds.

Some dropsical fluid still remained in the pelvic cavity, and this, together with all the clots of blood, I removed with a soft sponge. This was accomplished slowly, the fluid was so dense and viscid. The other ovary was seen to be in a normal condition, though very pale; but the whole peritoneum was evidently congested, and both looked and felt more like a mucous than serous membrane.

I next closed the incision by the introduction of stout needles through the whole thickness of the abdominal walls except the peritoneum, at the distance of an inch from each other—ten in all. These were confined by the harelip suture; and stitches were also taken in the intervals between the needles. The ligature around the small artery in the omentum was brought out through the upper end of the incision; and the ligatures around the pedicle of the tumor were passed by the side of the gum-elastic tube into the vagina before the incision was closed. No adhesive straps were applied to the abdomen, since the walls were so lax and corrugated that they would have been of no avail. Merely a compress, dipped in warm water, was laid over the abdomen, and a piece of oiled silk over that; and the patient was put into bed at 5 P. M. The ether had kept her unconscious during the operation, and no trouble had been experienced from protrusion of the bowels while operating; the walls of the abdomen had been so distended by the fluid removed at the last tapping. Besides, the bowels had been freely evacuated the day before the operation, and only milk porridge had been taken since.

I directed that the patient should make no effort to move or to speak aloud for the first three days, and that a catheter should be introduced into the bladder every six hours. The compresses were to be renewed every four hours, or before they became dry; bread-water for diet, for the present.

Progress of the case after the operation.—Immediately after being

put into bed, the patient is very pale, but the eye is bright ; skin covered with a cold perspiration ; pulse 140, and feeble ; respiration 23. She is thirsty ; complains of a restless feeling in the back, and is disposed to move the limbs too much. A bloody serum has escaped in small quantities from the tube left in the vagina. A teaspoonful of brandy to be given every ten minutes till the reaction is established, and external warmth to be applied.

8 o'clock (*three hours after operation*). Pulse a little stronger, and surface warmer ; give brandy with six drops of aq. ammoniæ simp. every half hour. At 9 o'clock pulse improving ; gave a teaspoonful of paregoric ; patient vomited freely fifteen minutes afterwards. The paregoric was repeated, and retained, and at 10 o'clock she had slept quietly for fifteen minutes. At 12 (midnight), I drew off two and a half ounces of rather high-colored urine. Some blood-stained serum (perhaps one ounce) has passed through the tube ; pulse still feeble, and feeling of faintness continues ; hiccough occurs now and then, but this is common since patient has been in bad health. She is seen smiling, and chews a bit of roast-beef at her own request. On being asked if she still thought she should recover, she replied, "If I die, it will be from thirst"—as she has been allowed but little drink on account of the irritable state of the stomach. At 2 o'clock A. M. she feels uneasy, and vomits all the drink she has taken. At 4 o'clock she had slept a few minutes at a time, and had not vomited again ; pulse stronger and slower, but reaction is not complete.

6 A. M., Feb. 13 (*day after the operation*). Has drunk cold water freely, and retained it ; pulse 130 ; she feels better ; reaction well established. At 7, drew seven ounces of high-colored urine. At 8, cheeks slightly flushed ; tongue slightly coated and dry ; patient has been vomiting the water she has taken in excess, but appears bright. I now left the patient in the care of Drs. Clough and Wood, intending to visit her every alternate day for a week, if necessary. Dr. Clough visited her once or twice daily, and Dr. Wood remained almost constantly in the house with her till she was out of danger ; and to him I am indebted for the remainder of this report of her progress after the operation. At 10, there has been nausea and vomiting ; there is much thirst ; beef-tea was taken, but rejected. 12 (noon), she looks better, and has less fever. She took twenty drops of acetum opii at 11, and has slept some, and feels better ; urine, three ounces ; has retained a little beef-tea. 2—she is quite restless, and has vomited again—quite a quantity of bile. 4—(twenty-four hours after operation), there is not a single bad symptom ; patient

appears bright, has slept twenty minutes at a time, and had no pain; has retained some milk porridge; pulse 120. 6 P. M.—has slept more; stomach less irritable; urine, four ounces—natural. At 8, she is again nauseated, and takes twenty-five drops of acetum opii, then sleeps most of the time till 10. At midnight, drew off two and a half ounces of urine—natural; has vomited once since 10, and slept some. At 2, complains of a burning sensation in the stomach; for this, a cloth wet in cold water was applied, which removed the sensation complained of; patient says she feels better than hitherto since the operation.

6 A. M., Feb. 14 (*second day after the operation*). Patient thinks she has slept half the night; urine, four ounces—turbid. At 8, she is still better, has taken some gruel, and has not vomited since midnight; pulse 118. At 10, pulse is 110, and stronger. 12 (noon). Patient took twenty drops of acetum opii half hour since, and is now soundly sleeping; urine, five and a half ounces. She suffered from nausea at times till 4, when she chewed some meat, and felt invigorated by it; has been comfortable on the whole; urine six ounces at 4 o'clock. 6 P. M.—she feels tired, and is suffering from nausea; pulse also quicker again. At 8, is restless, and had more dryness and heat of the skin; has a distress at her stomach. Took quarter of a grain morphine acetat. at 9, and rested some; acetum opii, twenty drops at 10; pulse then slower, 112; urine, five ounces. Up to 5 A. M. she had no sickness; has retained some tea; has rested at intervals; urine, five ounces, and less turbid.

6 A. M. Feb. 15 (*third day*). Patient has slept half of the time since midnight. Continues comfortable through the day. No nausea. Pulse 115. Urine four ounces at 10, three ounces and a half at 1; natural. I saw the patient to-day (seventy-two hours after the operation), and could not detect a single bad symptom. The alimentary canal was in portions, somewhat distended with gas, so that the abdominal walls were not so flacid as just after the operation; but there was no tenderness of the abdomen. Perhaps three ounces in all of bloody serum has passed from the peritoneal cavity by the side of the tube, and through it when the cork was removed. She took a quarter of a grain of acetate of morphia at 7, but did not sleep much till after midnight, on account of the distension of the bowels with gas. She then rested well much of the time till morning. No nausea. Urine three and half ounces at 8 P. M.; two ounces at midnight; at 5 A. M., four ounces. Pulse quicker—120.

6 A. M., Feb. 16 (*fourth day*). Patient looks bright and feels easy,

and can take more nourishment and drink. Sleeps half of the forenoon. The pulse, however, continues at 120 all day. At 1 P. M., two ounces of urine; at 5, two ounces more; turbid. Had some burning at the stomach in the afternoon, and, becoming uneasy in the evening, took a quarter of a grain of morphia. Slept well till midnight, more than one hour at a time; the skin being moist, pulse 120, and the respiration 27. Urine, three ounces at midnight; four ounces at 5 A. M.; more natural.

6 A. M. Feb. 17 (*fifth day*). Patient looks well and is hungry. She feels quite happy through the forenoon, and has no distress at the stomach. More discharge by the side of the ligatures and tube in the vagina. At 10 A. M., four ounces of urine; at 1 P. M., three ounces; and the same at six. 6 P. M. Patient has been so comfortable to-day, and looks so well, that one would hardly think anything unusual had happened to her of late. Pulse still 120. No nausea to-day. She is, however, somewhat more dozy and heavy than would be expected. At midnight she had been somewhat restless for two or three hours, and the burning at the stomach had returned. Urine, three ounces at 1 A. M., and two and a half ounces at 5½; more turbid.

6 A. M. Feb. 18 (*sixth day*). Pulse 115, and weaker. Has slept more last night than before, and says she feels well. Dr. Wood, however, observed that she still seemed heavy, and found a discharge of very fetid fluid oozing through at the upper end of the incision, by the side of the ligature around the smaller artery. He therefore dispatched a messenger for me, and I saw her at 10 A. M. She had not yet had the bowels relieved since the operation, and had taken half an ounce of castor oil at 5 A. M. I found the patient with a heavy typhoid expression, and the fetid viscid fluid, before mentioned, could still be pressed in small quantities through the upper part of the incision. The peritoneal cavity was also again filling, apparently, with fluid. On removing the cork from the gum-elastic tube, a small quantity of dark fluid also came through the latter. I had no doubt that the typhoid symptoms were produced by the presence of the decomposing fluid in the peritoneal cavity, and its absorption thence, to some extent, into the blood. I therefore decided to wash out the peritoneal cavity by an injection, and thus remove its irritating contents. Accordingly, I prepared a quart of the artificial serum before mentioned, and, by means of a four-ounce syringe, which fitted perfectly to the elastic tube, I injected the whole into the cavity, at the temperature of 98°. Each time the syringe was applied to force the serum

into the cavity, as much fluid was at once withdrawn from the latter, by suction, into the syringe, before removing the latter from the tube. The fluid thus removed from the peritoneal cavity was very dark and fetid, and contained some clots of blood. Having used the first quart and the fluid withdrawn being still dark-colored, more of the serum was prepared, and used freely till the fluid from the cavity became clear again and had very little odor. The patient at once expressed herself as being greatly relieved by the injections, and became bright again. Her pulse became stronger, and remained at 115. The tongue, before darker and dry, cleared off again. She called for and chewed some meat, and, in fact, had a very comfortable day and evening in all respects. Urine, four ounces at noon; three and a half ounces at 6 P. M. As the oil had not acted on the bowels, an enema (of water, Oj, and castor oil, ℥j) was administered at 6 P. M. At 10, two and a half ounces of urine. She took brandy and water, also milk porridge during the night. No irritation of the stomach. Pulse 114, and stronger.

6 A. M. Feb. 19 (*seventh day*). Patient not so well the past three or four hours; had been more dull; pulse weaker, and hands cold at times. The fetid discharge again appears at the upper part of the incision. Brandy had been freely given. She had taken another tablespoonful of castor oil at 5 A. M. Urine, three ounces at 3 o'clock. I saw the patient again to-day, at 9 A. M., and found she had relapsed into the same general condition as yesterday, except that the typhoid symptoms were not so strongly marked. Suppuration was also well established around some of the needles, and I removed those which were completely loosened (five in number). I then again repeated the injections, into the peritoneal cavity, of the artificial serum, until the fluid withdrawn became clear. More clots were removed to-day than yesterday, all very dark, and with much fetor. The patient at once rallied, as before, and continued better till evening. As I left on that day to commence a course of lectures in the Medical School of Maine, I advised Drs Clough and Wood to repeat the injections twice a day, if the symptoms seemed to require it—at all events as often as the typhoid symptoms returned, or while the fluid withdrawn remained fetid; the patient to be sustained on the most nutritious diet. In the evening the patient began to fail again, and a cold, clammy perspiration came on, alternating with flushing of the cheeks. Drs. Clough and Wood therefore repeated the injections, and removed an abundance of clots, though without much fetor, they being redder and apparently more recent than hitherto. The bowels were also re-

lieved this P. M. Urine, two ounces at 10 A. M.; four ounces at 4 P. M.; and as much at 9. She still continued alternately hot and cold till midnight, and then rested pretty well till morning.

6 A. M. Feb. 20 (*eighth day*). Patient is better than since the operation. Tongue clean and red. Pulse 110 and strong. At 2 A. M., five ounces of urine; and four ounces at 5½ A. M. She takes brandy, beef tea, and milk porridge freely. At 9½ A. M., three ounces of urine. The bowels are three times relieved to-day spontaneously. A few more clots are brought away by the injection at 9 A. M. Pulse 110; stronger. Patient cheerful, and has not had a bad symptom to-day. The injection was again used in the evening, and the fluid removed was more fetid again, and continued to be colored till a larger quantity than usual had been used of the injected serum. In the afternoon, six ounces, and at 6 P. M., five ounces of urine were withdrawn. The remaining needles were removed to-day. The wound looks well. From this time the patient evacuated the bladder independently of the catheter.

21st (*ninth day*). The injection was used again this morning, and also at evening, the removed fluid being still fetid, but with less colour and clots. The last was the best night yet, and she is quite comfortable all the day. Bowels evacuated twice by an enema. She takes nourishment enough. Tongue clean and moist. Three of the stitches are removed to-day.

22d (*tenth day*). Patient has had a good night. The injection this morning brought away many *fresh clots*, as if from a recent hemorrhage. In a letter of this date, Dr. Wood inquires: "Can the tube, coming in contact with the stump of the pedicle of the tumor removed, cause it to bleed by suction?" The patient is rendered uncomfortable to-day by a pain in the hepatic region. Bowels spontaneously evacuated, and are usually so, daily, from this date. The incision in the abdomen is completely healed, and the remaining sutures are to-day removed.

23d (*eleventh day*). No bad symptoms. But little fluid was injected into the peritoneal cavity this morning, and there was less color and clots, and fetor of the fluid withdrawn. Pulse 120 for the last two days. Patient was moved to another bed.

24th (*twelfth day*). Some fetid fluid is drawn to-day from the peritoneal cavity; very little color; patient decidedly improving; eats some fresh fish and potato with a decided relish; pulse still 120; no injection used after to-day.

25th (*thirteenth day*). Everything favorable; some fetid fluid flows through the tube from the peritoneal cavity; pulse 112.

26th (*two weeks after the operation*). Patient still better than yes-

terday ; fluid from the tube as yesterday, and a slight discharge " of pus and a watery secretion" around the ligature coming through the upper end of the incision ; no tenderness of abdomen. Dr. Wood ceased his constant attendance on the patient to-day, Dr. Clough assuming the entire charge of her ; and she continued to improve without any reverse.

March 1 (sixteenth day). Patient sat up to-day, for the first time, for five minutes ; is doing well. There is considerable discharge at the upper end of the incision round the ligature—thin, and somewhat fetid. The discharge through the tube in the vagina is thick and purulent ; the ligatures drawn down by the side of the tube have become in some way adherent to the latter.

3d (eighteenth day). Dr. Wood writes me that both ligatures (around the pedicle) came away to-day, and that the only undesirable thing was that the discharge around the upper ligatures continued. Several of the punctures made by the needles had also suppurated, and were discharging rather freely. Patient sat up ten minutes to-day.

6th (twentieth day). Patient getting stronger ; sat up half an hour to-day ; is eating a variety of food, with a strong appetite, and sleeping well. The discharge per vaginam (fetid for the last two days) is diminishing, as is also that around the ligature ; pulse 100.

10th (twenty-fourth day). The upper ligature came away last night. Dr. Wood writes me to-day : "There is still some discharge both per vaginam and where the upper ligature came through ; but I think the operation will effect a complete cure."

19th (thirty-third day). A more purulent discharge continues from where the upper ligature came through ; and that from the vagina is similar. Patient sits up an hour and a half at a time, twice a day.

30th (forty-fourth day). The patient sits up half the day at a time, amuses herself with knitting, and walks about the room. Both the opening around the upper ligature and that in the vagina have been closed two or three days ; she is rapidly regaining her natural form, and all her functions but the catamenial are normally performed.

The patient called on me, fifteen miles from her home, early in June last, being perfectly well, but not yet having quite regained her usual color or weight. I saw her again about the middle of October, and found she had very much improved in the meantime in these respects. Indeed, she assured me she was perfectly well. The catamenia had not, however, yet reappeared, and up to the 22d November this

was the fact, though she has had severe attacks of headache once in four weeks. Her natural form had returned ; the immensely distended abdominal walls having become gathered up, as it were, into transverse ridges. The cicatrix of the incision (which was eleven inches) was just five inches long. There has been no return of dropsy in the peritoneal cavity.

Remarks.—1. I have before insisted upon the importance, in my own estimation, of a moist and warm state of the air of the apartment in which this operation is performed ; since the contact of the air will not, thus, to such an extent, either *dry* the peritoneum or *chill* it when it is exposed. But in furtherance of the object of protecting the peritoneum from the contact of the air, I imagined that a fluid resembling the natural secretion of that membrane, and kept at a blood heat, would answer an excellent purpose. I had previously tried this *artificial serum* in another case of large abdominal section. I had also expected that in this case it might subsequently become useful in another way ; and was not disappointed in this respect.

2. Though this was a case of ovarian tumor, *with ascites*, the patient had been tapped each time merely for ascites ; that is, all the fluid drawn had been removed by the tapplings from the peritoneal cavity, though the accumulation of the fluid in that cavity was probably produced by the presence and pressure of the ovarian tumour. I had previously decided hereafter to evacuate either the peritoneal cavity or an ovarian sac, by *tapping through the vagina* (whether in cases of mere ascites, or in ovarian disease), provided the fluid produces such a protrusion into the vagina as to preclude any injury to vessels or other serious accident. But here was a case of rare occurrence ; the fluid (of the ascites, producing a protrusion per vaginam even *externally*). In all ordinary cases, however, of ascites, or ovarian sacs, the fluid would be more completely evacuated though the vagina than through the abdominal walls, as is usual ; and there is no valid ground for any apprehension that the puncture will not heal as promptly and as certainly. In this case the wound healed three times in succession by the first intention ; and all the circumstances were at least as unfavourable as are usually to be met with.

3. I had also previously decided that in another case of ovariectomy, I should bring the ligatures which inclosed the pedicle through into the *vagina*, carrying them through a puncture in the *cul-de-sac* between the vagina and the rectum, and thus remove the necessity for bringing the ligatures through the original incision. This case also

actually invited that procedure, since the required puncture had already been made for evacuating the peritoneal cavity, three days before the operation.

Again, in regard to this particular case, I had no doubt that if the operation was successful so far as the removal of the ovarian tumor was concerned, the ascites would not be cured at once, but the diseased membrane would continue to secrete in excess for a time, though the original exciting cause were removed. I therefore decided, as Dr. Clough suggested, to leave the gum-elastic tube projecting into the peritoneal cavity from the vagina after the operation; and, if the secretion became changed at any time so as to threaten mischief, to use injections, as was subsequently done.

It was my plan, therefore, entirely to close up the incision in the abdominal walls, and secure union throughout its whole extent, if possible, by the first intention. I was foiled in this by the necessity of applying a ligature to the artery in the omentum where the sac had adhered, and of bringing this out at the top of the incision; for I could not think of carrying it over and among the convolutions of the small intestines, to be brought out *per vaginam*. But the discharge that continued for six weeks around this ligature, in consequence of not being able to carry out my plan, gave no small trouble and anxiety respecting the final result. In another precisely analogous case, I should cut the small ligature as close as possible, and leave it.

4. But the *peculiar* feature of the case—so far as I am aware—was the use of injections, once or twice a day for nearly a week, into the peritoneal cavity, to wash it out, and remove the fetid fluid within. There could be no doubt that a fluid similar to the natural serous secretion, must be less mischievous than any fluid in a state of decomposition. It was also equally clear, that if two or three pints of this were injected, and the same quantity of fluid then withdrawn, the fluid still remaining after this operation must be less mischievous, because less concentrated than before. This expedient was therefore adopted when the state of the patient seemed to demand it, with a feeling of assurance of a beneficial result. And it was delightful to see how the patient was at once relieved for the time by every injection. I do not think she would have lived forty-eight hours from the time when the first injection was resorted to, had not *some* method been devised to remove the putrefying contents of the peritoneal cavity; and so long as they continued fetid, and the patient threatened again to relapse into a typhoid state, I consider them to have been indispensable. The peritoneal cavity was injected *ten times* in all.

But what was the cause of this fetor of the fluid, or rather of its decomposition ! The clots of blood, mixed with the highly albuminous fluid, it may be said. But neither of these two elements would have undergone such a degree of change had no air been present in the peritoneal cavity with them. It may be said that the air entered through the tube left in the vagina. I reply, that no device could have kept the air out of that cavity. It had been laid open by an incision eleven inches long, through which sacs weighing nineteen pounds, besides fluid to the same amount (in addition to nearly ninety pounds seventy-two hours previously), had been removed. When the incision was closed, of course a large quantity of air was inclosed, to occupy a part of the space previously occupied by the contents just mentioned. Indeed, air enters the peritoneal cavity in every instance of tapping for ascites in the usual manner, unless the greatest care is taken to prevent it. But as the result is as favorable when the precautions are not taken as when they are, I have for several years omitted them altogether. Much has been said and written of the danger of admitting air into serous cavities, when the membranes lining them are secreting an abnormal secretion—as in ascites, hydrothorax, and empyema, or of suppuration in joints. I believe all this to be erroneous. A serous membrane secreting a purulent fluid, or a densely albuminous one, is no longer a *serous* membrane *physiologically*, and therefore does not suffer from the contact of air as the healthy serous membrane does. Indeed, it is found on examination in such cases—it was in this case—to resemble a *mucous* more than a serous membrane, and, like the former, it may tolerate the contact of air. Its secretion, however, will thus undergo decomposition if retained in the cavity, just as mucus does if accumulated and retained on a mucous membrane. Equally, therefore, must it become decomposed, and the membrane must be cleansed if possible. It seems to me that this idea is worthy of being carried into practice in several directions, which will occur at once to the scientific surgeon.

The colorless fluid, doubtless, was still secreted by the diseased serous membrane ; but whence came the clots ? I think a slight hæmorrhage occurred from very small vessels (and which were very abundant), distributed to the congested peritoneum, and from which pressure was removed by the withdrawal of the fluid and the tumor at the same time. And yet, the clots became too abundant on the 22d Feb., and of too bright a color to be accounted for thus. I suspect that the unavoidable movements impressed upon the tube while injecting the fluid, loosened one or both of the ligatures, and that thus

the bright color of the clots on the 22d Feb. is to be accounted for. This will also explain the fact that these ligatures came away so soon, viz : on the eighteenth day after the operation. The ligature around the small artery, on the other hand, came away on the twenty-third day ; later than would be expected, since the artery it inclosed was not more than one-tenth of an inch in diameter. The pedicle of the ovarian tumor, on the other hand, was four inches wide, and averaged one-quarter of an inch thick ; and, of course, each large ligature inclosed one-half of it.

5. I have specified the amount of urine secreted during the first eight days, since I have thought that patients may be regarded as almost out of danger after the large abdominal section, while this secretion remains, or when it becomes normal in quantity and quality.

The amounts were as follows :—

During 1st twenty-four hours after the operation . . .	16½ oz.
" 2d " " " " " " . . .	18 "
" 3d " " " " " " . . .	17½ "
" 4th " " " " " " . . .	13½ "
" 5th " " " " " " . . .	17 "
" 6th " " " " " " . . .	13 "
" 7th " " " " " " . . .	11½ "
" 8th " " " " " " . . .	27 "

After this sudden increase, the secretion continued abundant and natural, and the patient evacuated the bladder without the aid of the catheter. If it be remarked that the quantity during the first seven days was as great as before the operation, it should be remembered that, normally, the urine is much increased in quantity for a time after tapping for dropsy.

6. The size of this patient before the operation was greater than that of any other dropsical patient of which I have any knowledge, her circumference being at one time five feet three inches. At this time, also, she had the largest quantity of dropsical fluid withdrawn that I have ever seen recorded. Sir Astley Cooper once evacuated twelve and a half gallons of fluid, and I had also in one case removed eighty-eight pounds, or ten and three-quarter gallons. But in this instance, *one hundred and six pounds* were taken, amounting at least to $12\frac{1}{2}\frac{1}{2}$ gallons, or *less than one ounce short of thirteen gallons!*

The results of all the tappings previous to the final operation, were as follows :—

Nov. 29, 1853, Drs. Clough and Wood removed . . .	19½ lbs.
Feb. 17, 1854, Dr. Peaslee, with Drs. Clough and Wood . . .	60 "
May 17, " Dr. Clough . . .	75 "
July 20, 1855, Dr. Clough (circumference of abdomen 63 in.) . . .	106 "
Sept. 13, " " " " " " " " . . .	97 "
Nov. 7, " " " " " " " " . . .	103 "
Dec. 29, " " " " " " " " . . .	95 "
Feb. 9, 1855, Drs. Clough and Wood . . .	82 lbs. }
Add escaped next day, 7 to 8 lbs. }	90 "

7. Finally, I would acknowledge my indebtedness to Drs. Clough and Wood. Without the judicious management of both these physicians, and without the unremitting attention of the latter to the case for two weeks after the operation, the result must very probably have been otherwise. The sisters who officiated in turn as the nurses of the patient—Cynthia Annis, Mary Allard, and Rebecca Roberson—must not be omitted here, since they, by their kind and efficient attention, and their cheerful demeanor, did much to insure her recovery.

26 CLINTON PLACE, N. Y., NOV. 24, 1855.

Strabismus. By G. CRITCHETT, F. R. C. S., Surgeon to the Royal London Ophthalmic Hospital, &c.

Mr. Critchett makes many objections to the ordinary methods of operating for the correction of strabismus. His objections to the usual practice of free division of all the tissues are, liability to subsequent deformity by eversion and the sinking in and loss of the caruncle, so that the inner part of the globe of the eye seems more exposed than that of the opposite, and a fossa exists in the place of the caruncle. Beside this another unfavorable result sometimes occurs, and that is increased prominence of the eye. There are some minor objections, such as the slow healing of the conjunctiva, after leaving a more or less distinct cicatrix, and the frequent loss of power in moving the eye in the direction of the divided muscle, which Mr. Critchett advances, all of which defects he is of the opinion are prevented by the following operation proposed by him, and performed many times by himself and his colleagues at the Ophthalmic Hospital.

“Having placed the patient, if nervous or restless, or very young, under the influence of chloroform, the eyelids must be fixed open with a spring speculum, the globe everted by an assistant, and the operator, seizing the conjunctiva at a point corresponding to the lower border of the internal rectus, makes a small opening with a pair of rather strong blunt pointed scissors; he then seizes the subconjunctival fascia, and divides it to the same extent, so as clearly and cleanly to expose a small surface of the sclerotic. The ordinary strabismus blunt hook, bent at a right angle, must now be swept round the globe, so as to pass beneath the muscle. This may be known by the peculiar elastic resistance that is felt; the blades of the scissors must then be passed in through the opening, and by a succession of small cuts the tendon may be readily divided between it and the insertion into the scler

otic, and close to the latter. Some little difficulty is sometimes experienced when the insertion of this tendon is rather broad in reaching its upper edge, and when that is the case, I make a small counter opening in the conjunctiva corresponding to the upper border of the muscle. I introduce the hook from above, and having passed it beneath the remaining slip of tendon divide it with scissors in the same direction. This counter opening has the advantage of facilitating the escape of blood that has become infiltrated beneath the conjunctiva, and it does not in any way interfere with the principle and aim of the operation, which is to have a broad band of conjunctiva between the cornea and inner caruncle intact. The advantages of this plan, as contrasted with the old one, seem to me to be very great. It has, in the first place, the merit enjoyed by all subcutaneous sections of immunity from inflammation and suppuration, and makes a very rapid and certain cure; no granulation ever forms, and the caruncle maintains its natural position, and does not shrink away into a deep fossa, as is invariably the case when the usual operation has been performed; and as far as my experience yet goes, ptosis or increased prominence of the eye is more rare, eversion never occurs, and the natural movements of the eye are more complete. This I attribute to the fact that the ocular fascia is but little interfered with, and that a good firm union takes place between the divided muscle and the globe of the eye."

Mr. Critchett is of the opinion that the old operation should be practised only in cases of long standing, and where the strabismus is very extreme and where the eye is small and deep set, and where the sub-conjunctival operation produces but little effect. Experience has led him to believe that the most favorable results occur to young adults in contrast with children. As respects the effect of strabismus upon vision, an existence of the condition for several years almost invariably produces more or less defect. On this account operation during childhood would be suggested, and this period would be the most favorable for the operation if the result could be made equally favorable in all other respects.

Mr. Critchett also details an operation for the removal of eversion following the operation for strabismus which has been followed by most flattering results. The operation is a tedious one, requiring the use of anesthetics, much of its success depending upon careful attention to minute details.

"Having freely exposed the globe of the eye by means of a wire speculum, the parts covering the inner part of the globe, including conjunctiva, sub-conjunctival fascia, old cicatrix and muscles, with con-

densed tissue around, it must all be carefully dissected off the sclerotic, commencing about two lines from the inner margin of the cornea and extending upwards and downwards and then inwards, so as to expose the inner third of the surface of the globe. This dissection must be carefully made, so as to preserve the flap, thus raised entire ; it can be most readily done with a pair of scissors. When this stage of the operation is completed, the external rectus muscle must be divided. It is better to defer this part of the operation until now, because the action of the external rectus is useful in keeping the globe well fixed outwards during the first stage of the operation. The next part of the operation is the most difficult and the most important. It consists in passing the sutures. For this purpose small semicircular needles must be used, armed with a piece of fine silk ; the flap that has been raised from the eyeball must be firmly held with a pair of forceps, and drawn forward, so as to make it tense ; the needle must then be passed through it, as low down,—that is, as near the inner corner as possible. Two or three sutures may be passed in this way, at intervals of about two lines. The corresponding part of each suture must then be passed through that small portion of conjunctiva which has been left attached to the sclerotic near the cornea. This constitutes another difficulty, because the membrane here is so thin that the fine silk is apt to cut through ; this I found a serious difficulty, in my first operation, and one that naturally interfered with the success. In order to obviate this, I adopt now the following expedients :—I first separate this portion upwards towards the cornea ; the needle must then be passed through it, and then back again, so as to include a portion which must be tied tightly so as to prevent it from tearing out. The next point is to cut away all that lower portion of the lower flap that can be spared beyond the part where the suture has entered, merely leaving a sufficient margin to hold it. The silks may now be drawn tightly and tied to the end that is already fixed near the cornea. The immediate effect of this proceeding ought to be to procure some inversion, if the various steps of the operation are properly performed. The hope and intention are to get the parts to unite to the globe in their new position and thus retain the eye. This however is only partially the case ; there is always some tendency partially to relapse, and in two cases I had to repeat the operation with ultimate success. The sutures may be allowed to remain until they ulcerate through ; the subsequent inflammation is usually slight. The amount of mobility in the eye is very limited, but so long as it occupies a central position, this circumstance is not found practically to

occasion much deformity, and is an immense improvement upon the discord from extreme eversion.

My friend and colleague, Mr. Bowman, has performed this operation at the Ophthalmic Hospital with his usual neatness and dexterity, and the effect was very perfect. * * * I may mention that one favorable effect of the operation is, the drawing forward and restoring the inner caruncle to its natural place."—*Southern Journal*.

Purpura of Werloff. By M. TROUSSEAU.

A very characteristic example of that species of purpura hæmorrhagica described by Werloff under the name of morbus maculosus, lately appeared in the wards of M. Trousseau. The disease occurred in a young flower-girl, seventeen years old, of regular habits, and brought up in the country, and who had suffered from no other malady, with the exception of some scrofulous swellings in the neck. For six months she had resided with her parents in Paris, occupying a healthy apartment, and as the livelihood she gained was sufficient for her comfortable maintenance, her condition, so far as hygiene is concerned, was in every respect good enough, when fifteen days before her admission to the Hotel Dieu, she had an attack of epistaxis. At this time the hæmorrhage was slight. Fifteen days later, however, she was again attacked in the same manner, but with so much increase of the bleeding as to induce serious apprehension for her safety. The hæmorrhage, this time also, became arrested, and after an interval of eight days, on the 4th of May, the skin was observed to be covered by a number of violet colored spots, resembling the berries of the privet. Similar spots of an ecchymotic appearance, were also observed upon the gums and mucous membrane of the mouth. An oozing of blood from the nose was also present, and on the seventh, clots of blood were found in the water-closet.

Such, says M. Trousseau, is the ordinary course of the simplest form of the morbus maculosus of Werloff. The absence of fever, and paleness accompanying it, must also be remarked. From this time there occurs adventitious headache and flashing in the eyes; hæmorrhage may take place in the choroid or the humors of the eye, and impaired vision exist for fifteen days or a month. At other times hearing may become disturbed; a peculiar noise being heard in the ear, the result of slight extravasations of blood. In one case of a woman aged fifty-four, M. Trousseau mentions having met with a similar noise accom-

panying deafness. In some instances slight paralysis of one side of the body exists, arising from extravasation of blood within the cranium; hæmoptysis also occurs, the bronchial being like the intestinal mucous membrane subject to hæmorrhage. The skin not only exhibits the peculiar spot already noticed, but in some cases phlyctænæ exist in the inner surface of the lips, etc., and on the arms, abdomen, and so forth, ecchymotic patches are to be found of the size of one or both hands together. The young woman referred to as the subject of these remarks presented one of these patches of enormous extent, and situated upon the right iliac region. A singular circumstance connected with this affection is, that about the end of eight days all these spontaneously disappear; and then, subsequently to a certain degree of fever, with headache and general sense of uneasiness, there is a reproduction of spots in greater or less numbers. In some cases, the paroxysm of the disease is ushered in by hæmorrhage from the nose, the lungs, the intestines or the uterus. In the present instance epistaxis recurred at intervals of eight days, and the appearance of the eruption corresponded with the third of these attacks.

It will be perceived from what has been said that the affection differs essentially from our scorbutus. The latter disease is preceded by pain, weakness, loss of color, fetor of breath, and other symptoms indicating liquefaction of the blood. In the malady described by Werloff, there is no softening of the gums; they retain a healthy appearance, except at certain points, where they are ecchymosed. And moreover, the teeth are remarkably well embraced by the gums, as seen in the patient now under treatment. Besides, in scorbutus there are no paroxysmal phenomena. The purpura of Werloff has more resemblance to certain varioloid eruptions, which are accompanied with delirium, and are less serious than they appear, as about the tenth day the pustules harden and the patients recover. Of course the eruptive markings here referred to are not those which supervene from the twelfth to the fourteenth day of small-pox, but those of the commencement, which are slight extravasations arising from the congested state of the cutaneous surface. During the second week of scarlatina, measles and small-pox, spots also appear, which are correctly regarded with apprehension, but these spots cannot be confounded with those of the malady of Werloff, as they are always complicated with an eruptive fever. The same remark applies to those appearing in connection with an altered state of the blood in children who have been reduced by vomiting and diarrhœa.

Where the purpura of Werloff is unaccompanied by hæmorrhage,

acid drinks, lotions, and injections of the same nature are sufficient, indeed, without any treatment, the disease disappears after a short duration. But if the affection be ushered in by abundant hæmorrhage, the blood rapidly becomes impoverished, and the prognosis assumes an unfavorable aspect ; patients rapidly sinking, in some cases, from circumscribed inflammations consequent upon cerebral hæmorrhage.

What treatment is to be pursued in combating this affection ? There is only one method, the efficacy of which seems incontestible, and that is the exhibition of the powder of cinchonia. Werloff was the first to try this remedy on a girl seventeen years old, and effected a cure in her case by giving half a drachm of powdered cinchonia every two hours, for seven days. This fact was lost sight of when M. Bretonneau, who had not read of Werloff's case, entertained the idea of treating the epistaxes in the same manner. M. Trousseau here gave the powder of cinchonia (calasaya) in the dose of four grammes daily for three days. The treatment was then intermitted for one day and again recommenced in the same manner, increasing the interval of intermission by one day each time, employing at the same time, as auxillary remedies, acid drinks, the juice of fruits, &c.

Regarding the patient mentioned above, where epistaxis occurred every time the nose was blown, and where for some time a number of spots had existed upon the skin, the symptoms were not permanent ; it was a case of the disease of Werloff.

At first rhotany and some other remedies had been employed in the treatment, but without much success. M. Bretonneau, then in Paris, advised M. Trousseau to try the powdered cinchonia ; the patient was subjected to this remedy, and from that time the progress of the disease was checked, and the epistaxis, which previously had resisted even the injection of perchloride of iron, was resisted. Was this patient cured ? Undoubtedly not, says M. Trousseau, as, on account of her advanced age, there was reason to fear an attack of cerebral hæmorrhage ; she is, however, much better, and there would only appear an extra necessity in her case for a continuation of the treatment by cinchonia.

As for the girl in the Hotel Dieu, severe intestinal hæmorrhage, followed by syncope, took place on the twelfth and eighteenth of May. On the seventeenth, M. Trousseau remarked her paleness, and the presence of the feverish condition observed in anemia ; a condition of importance to recognize in some states of convalescence, in order to its being combatted by invigorating diet and regimen. M. Trousseau

here expressed his fears, that in this case the hæmorrhage should continue, and by the alteration in the blood, induce such changes in the gastric fluids as would lead to loss of appetite and the occurrence of indigestion, a condition of the most embarrassing nature, under the circumstances. In order if possible to avert these consequences, he considered it proper to continue the cinchonia with a small quantity of opium as an adjuvant to its effects. The patient was also ordered albumen in small quantities and weak soups. Besides, the paroxysmal nature of the disease afforded some hopes by the intermissions which were occurring now and then. M. Trousseau placed his reliance upon these, upon the youth of the patient, and upon the vis medicatrix naturæ. In this, hope has not been disappointed; altogether it has been necessary merely to attend to the intestinal hæmorrhage which was inclined to occur, and with this view M. Trousseau had recourse, with apparent success, to the perchloride of iron, in the dose of from one to two grammes, given in the form of pills every four days. He also administered turpentine as an hæmastatic, and finally there was the restorative treatment by iron. At the last examination, the patient might be considered cured, as all appearance of the disease had gone, she had recovered her color, strength and flesh, and in a very few days would be in a state quite fit to leave the hospital.—*Jour. de Méd. et de Chir. Prat.*

On the Application of Sulphate of Iron in Erysipelas. By M.
VELPEAU.

M. Velpeau observes that true erysipelas is constantly confounded with other inflammations, viz., phlebitis, diffuse phlegmon of the cellular tissue, and angiolencitis, which differ from it in their causes, seat, progress, danger, and treatment. A prolonged consideration of the nature of the affection has led him to lay down the following propositions:—

1. Erysipelas, taken in its surgical sense, has its predisposing cause much oftener in external, atmospheric, or meteorological influences than in the state of health or general constitution of the patient.

2. The determining or occasional cause is almost always a wound, scab, or some irritation of the integument.

3. Its efficient cause is matters proceeding from without or altered tissues, which mingle primarily or secondarily with the fluid of the parts affected.

4. The fluids so affected induced general and local phenomena. The first occur before the second when there is at the beginning a passage of fluids into the general current of the circulation. The order of occurrence is reversed when the change only takes place through imbibition.

5. The fluids in the inflamed skin, altered by the morbid element only, seem to circulate or advance by endosmosis; the erysipelas still, however, spreading itself along the dermis like oil upon a plain surface.

6. A large proportion of the morbid matter remains to the end under the epidermis, or in the cutaneous tissue mingled with blood in the inflamed part.

7. The totality of an erysipelas is almost formed of several small erysipelases.

8. An isolated patch of erysipelas ordinarily disappears of its own accord in six or eight days.

9. The duration of the entire disease is very variable, according to the number of erysipelas patches that may succeed or combine with each other.

10. The remedies employed, whether external or internal, to be capable of dissipating such a disease, should especially possess the power of modifying the condition of the blood.

M. Velpeau furnishes us with the results of the different forms of treatment he has employed in above one thousand cases, in four hundred of which he has kept exact notes. In twenty-five patients, *compression* by bandages was resorted to, with no advantage. In thirty-three, *flying blisters* were applied, without diminishing the mean duration of the disease; these proving advantageous only in certain cases of phlegmonous erysipelas and angeiolencitis. No satisfactory result followed the employment of *nitrate of silver* in thirty cases. In two hundred cases, *mercurial ointment* was resorted to, with the effect of sometimes diminishing the duration of the affection by a day or two, and rendering it a little less painful. It is, however, very repugnant to the patient, spoils the linen, and sometimes induces salivation. *Lard*, employed in twenty-three cases, although not causing these inconveniences, was found even less efficacious. A variety of other substances have been tried by M. Velpeau, but as he found them useless or injurious, we need not advert to them.

Calling to mind the modifications which the preparations of iron produce in the blood, it seemed to him that a disease so superficially placed, and one in which the inflamed tissues are so infused with

altered fluids, was well calculated to be influenced by foreign preparations. He employed the *protosulphate of iron* in the proportion of thirty grammes to the litre of water (3vij ss. ad. 3xxxv), or eight parts to thirty of lard. In forty cases in which this was tried, the erysipelas yielded in from twenty-four to forty-eight hours. It is, however, remarkable that, when thus extinguished at point of departure, it will still spread beyond this, along parts already infused with the iron. Whether the inflammation, in order to undergo modification, requires to become fully developed, and whether the remedy is merely curative, without being preventive, further researches must show. More easily applied to some parts, the ointment would be preferable, but it is somewhat less efficacious than the lotion. When used, it should be applied three times a day to the erysipelatous patch, and some way beyond its margin. The lotion should be applied by means of some compresses, which are to be kept on with bandages, and wetted every few hours, so as to keep the skin always moistened. Thus far the remedy has never failed in cutting short the erysipelas; but it has a disadvantage, in iron-moulding the linen.—*Medical Record*.

M. Debont, in allusion to the local application of iron in erysipelas, recommended by M. Velpeau and M. Devergie, states that the formula are of approved value:—The ointment—sulphate of iron 5 parts to 10 parts; water, 12½ to 25 parts; oil, ditto; lard, 70 to 40 parts. The solution—Sulphate of iron, 10 to 20 or 40 parts; water, 120 to 110 or 90 parts; glycerine, 70 parts.—*Dublin Press*.

Infantile Paralysis. By Mr. W. ADAMS, Assistant Surgeon to the Orthopædic Hospital.

Mr. Adams doubts congenital paralysis of particular muscles or limbs independent of traumatic lesion. Infantile paralysis usually occurs between the ages of six and eighteen months, frequently the result of difficult dentition and often preceded by fits or convulsions. Paralysis in children may also result from intestinal irritation caused by worms, indigestible food, and so forth. The cause may be centric or eccentric irritation. It not unfrequently follows marked febrile disorders, especially measles and whooping cough. Mr. Adams is of the opinion that when many muscles or entire limbs are affected, and where the paralysis is persistent, structural lesion of the nervous centres, brain or spinal cord exists, that in similar cases where the

paralysis is transient, it depends upon congestion of the nervous centres, sometimes accompanied with effusion, which subsequently becomes absorbed; and that where single muscles or a group of associated muscles are affected, it depends upon some local failure of nutrition of the nerves supplying the muscles under a general though perhaps slight febrile condition.

Mr. BOUCHUT ("Practical Treatise on the Diseases of Children,") describes this affection under the title of Myogenic or essential paralysis and admits as a cause lesion of the nervous centres and cords only in those cases which succeed febrile convulsions. The other cases he groups in two classes, viz: those accompanied with pain in the affected limb, and those following convulsions without febrile excitement; and in these he considers the cause to be primarily and essentially an alteration of the elementary tissue of the substance of the muscle. The nature of the affection in these cases he regards as entirely rheumatic, and traces it as a frequent result of exposure to cold. Mr. Adams doubts the rheumatic character of the affection under any circumstances. No evidence is given in the early stages, of alteration in the elementary structure of the muscles; and Mr. Adams thinks the myogenic theory to be advanced without sufficient evidence. Mr. Bouchut states that the development of paralysis is usually slow. Mr. Adams has noticed its occurrence always to be sudden and considers those cases of supposed slow development the consecutive phenomena—contraction and atrophy—had taken place. Partial paralysis through life is considered by Mr. Adams the most frequent termination; complete recovery the second; and persistent flaccid condition third, in relative frequency.

The paralysis most commonly affects some of the muscles of one leg; very frequently the leg and arm of the same side; occasionally both legs, and very rarely both legs and both arms. In the royal orthopædic hospital, where these cases apply in considerable numbers, no case had been seen by Mr. Adams in which the muscles of the hip-joint were involved. This existence of power in the muscles of the hip-joint enables the surgeon to make the patient's walk, by mechanically fixing the knee and ankle joints, with considerable freedom. Mr. Adams believes with Sir B. Brodie, that unless recovery takes place within a few months, the paralysis is generally persistent through life. In slight and moderately severe cases, complete recovery or very great improvement takes place, and this frequently several years after the seizure.

Numerous cases are seen at the orthopædic hospital in all stages

of spontaneous recovery. The second stage is marked by deformity, produced by atrophy of certain muscles, determined by paralysis of the opponent muscles and position of the part, as seen in the commonest form—elevation of the heel.

Mr. Adams advises division of the tendons whenever the contraction interferes with the motion of the joints, and the erect position, loss of power to be subsequently compensated for to a certain extent, by mechanical means. Infantile paralysis lays the foundation of a very large proportion of all the noncongenital deformities, itself being frequently only a transient condition. If the mode of the production of these deformities was rightly understood, their prevention would be easy. Passive muscular exercise, according to the circumstances of the case, and properly adapted mechanical supports, are the preventive measures indicated. In the medical treatment, gentle mercurials for a few months after the seizure is recommended, if not injurious to the general health, but, beyond this period any internal remedies except those calculated to improve the general health, are of little use. Febrile irritation must be allayed; and in difficult dentition the gums may be lanced.

Mr. Adams has never witnessed benefit from blisters or other "counter irritants, though he had used them." He prefers shampooing, galvanism, warm clothing, sea bathing and passive exercises, as likely to aid the vigorous and frequently effectual efforts made by nature. The hæmospastic apparatus invented by Dr. Junod is very useful in maintaining a natural temperature in the paralytic extremities. To some extent the apparatus may be useful in keeping a supply of blood in the muscles and preventing atrophy.

—*Association Medical Journal.*

Chloroform.

This article of our materia medica, which, by a certain class of physicians is much derogated, seems to steadily advance in favor among the majority of the profession. No surgical operation of any importance is now performed without its use, and scarcely a journal can be taken up, but that contains some evidence in its favor. We have lately seen it very effectually used in bronchitis, subduing the pain and diminishing the cough after a few inhalations. "Dr. Richter reports in the *Berlin Medicin Zeitung* (No. 32), that Drescher and Lemke, after repeated trials, quite confirm the favorable accounts that have been given of the efficacy of chloroform inhalations in the

treatment of pneumonia and bronchitis. In their mode of employing it, thirty drops of chloroform are poured upon a closely pressed piece of wadding, a finger or two in breadth, which is then wrapped up in another piece of wadding, and held about half an inch from the patient's nose for about five minutes. This is repeated every hour until some remission of the symptoms occurs, when twenty drops are inhaled every second hour until convalescence is established. The subjective symptoms, such as constriction, pain and irritating cough, are usually diminished even after the first inhalation, and entirely disappear from the second to the fourth day. At the same time, the sputa lose their bloody admixture, remaining tough, however, until about the fourteenth day, when they disappear as well as the cough. The frequency of the pulse is diminished by the second day, descending in a case of double pneumonia from 120 to 80. Sweating generally sets in after the first inhalation, and never later than the fourth. As regards the duration of the disease, complete recovery, so that the patient can be discharged, does not seem to take place more rapidly than after treatment by bleeding. The preferability of this treatment arises from the simplicity of application, its applicability in cases in which, from the character of disease or the individual, depletory treatment is forbid, and the rapidity with which the distressing symptoms are relieved, and convalescence is commenced, the patient being able to leave his bed by the fourteenth day."—*Dublin Press*.

Cod Liver Oil—External Use.

Dr. Malmston, of Stockholm, has made many experiments with various animal and vegetable oils by innunction in cutaneous affections, with the result of awarding to cod liver oil the quality, which none of the other oils seem to possess, of exercising a curative influence over such maladies as chronic ecthyma, chronic pityriasis, psoriasis, chronic eczema, impetigo, lupus, scrofulous ulcers, &c. Innunction with the oil did not constitute the entire treatment, as baths and various internal remedies were employed. (See *Hygieia*, 1854.)

The following are some of the cases quoted from his work :—

CASE I.—A man, aged thirty-seven, laboring under a high degree of alcoholismus chronicus, and suffering for many months from prurigo formicans, occupying almost the entire body. The skin was dry, of a yellowish gray color; the itching was very severe. During nearly a year, all the means usually employed or recommended in this affection were in vain had recourse to by the author. In

February, 1849, the patient was rubbed morning and evening with cod liver oil, and an alkaline bath was administered twice a week. During the entire treatment neither his body linen nor the sheets of his bed were changed; no internal treatment was employed. At the end of a week there was a remarkable improvement. On the fourteenth day the eruption had completely disappeared, and the patient was dismissed from the hospital, cured.

CASE II.—A man, aged fifty, admitted into hospital in October, for a chronic general eczema. The disease had lasted nine years, and had been treated after the most different methods; the skin was of a reddish brown color; it was indurated; on all the articular surfaces it was œdematous; it secreted an ichorous serosity. The face was hideous, the skin covering it being thickened and indurated; the eczema extended to the eyelids, producing a chronic ciliary blepharitis. There was intolerable pruritus as universal as the eruption. Arsenious acid was given internally. Externally, inunctions with cod liver oil were employed, as in the preceding case, and two alkaline baths were given each week. At the end of two months the severity of the disease was mitigated; the exhibition of the arsenious acid was suspended, and a decoction of rhamus frangula was prescribed to remove constipation; the oily frictions were continued. The patient left the hospital in the month of March, completely cured, having been four and a half months under treatment.

Dr. Malmston concisely reports some cases of the cure of scrofulous ulcers in children, of fistulous abscesses treated with injections of cod liver oil, and even of chronic diarrhoea combated with lavements containing the same remedy. It seems to be especially adapted in its use to those forms of chronic cutaneous affections accompanied by pruritus.—*Arch. Gen. de Med.*

The Sulphate of Bebeerine in Menorrhagia. By A. P. MERRILL, M.D.

Having prescribed the sulphate of bebeerine in a case of periodic fever and neuralgia, and not finding any effect justifying its farther administration, it was proposed to discontinue its use, which was objected to by the patient, on the ground of its restraining excessive menstruation, under which she had been suffering. Prompted by this circumstance, Dr. Merrill made use of the article in other cases, with like favorable results, one of the cases in which he prescribed it being of a very severe character. Dr. Merrill says, several women

of his acquaintance are now in the habit of keeping the remedy always at hand, so implicit is their confidence in it for restraining uterine hæmorrhages.

Dr. Merrill also speaks favorably of the sulphate of bebeerine in leucorrhœal discharges, and it is the only internal remedy upon which he has been able to rely for the relief of *pruritus vulvæ et vaginae*.

As an antiperiodic, bebeerine seems, in his experience, to be feeble and unreliable; but he thinks it exercises a specific influence of a tonic character over the uterine and genital organs. As a diuretic it is valuable, on which account it has proved useful in uterine affections attended by strangury and dysuria, when these ailments are not dependent upon mechanical causes.

Dr. Merrill has discovered no signs of sedation or of relaxation, such as follow the use of quinine, or any peculiar influence over the organs of sight and hearing, follow the use of bebeerine, and thinks it in a measure counteracts and relieves the symptoms caused by the administration of quinine.

On the Treatment of Scarlet Fever. By B. W. HALL, M. D.

Under the following course of treatment the disease seems to abate, and there is a sudden transition to convalescence, not presenting any of the unpleasant or fatal sequela, that usually attend the disease."****

"Being called to a case of scarlatina, and finding the patient overpowered by the disease, as evinced by a feeble unsteady pulse, deficient capillary circulation, cool skin and extremities, eruption scarcely perceptible or altogether wanting, I direct my patient to be enveloped in a blanket, saturated with hot mustard water, and surrounded with bottles of hot water, over all to be placed dry blankets, to prevent a too rapid evaporation, and to drink freely of capsicum tea.

If my patient, on the contrary, is found with hot skin, full and frequent pulse, I direct him to be enveloped in a sheet wrung out of cold water, and to drink freely of cold spring or ice water. Treatment in each case to be repeated and continued until the desired end is obtained, viz: an equilibrium. In a few hours, often in a few minutes, the first named case will have a soft, firm, regular pulse, a warm moist glow pervading the whole surface, and a free healthy eruption. In the second case, the patient will soon cease his restless tossing about, fall into a sweet slumber, to awake calm and comfortable.

My patients are now relieved, not cured. I then order sulphate

of zinc in solution, two grain doses to be given every two hours, to drink freely of capsicum tea, and to be anointed from head to foot with fresh butter, lard or olive oil, every two or four hours, according to the condition of the skin, this generally is sufficient to prevent a return of the intensity of heat, but if not, I again use the cold sheet.

Since the adoption of the foregoing treatment my patients rarely require my attendance longer than the second or third day, and if in charge of an intelligent nurse, I have little else to do, but to direct, "continue treatment," except such general attention to the bowels, as may be indicated, and treating on general principles such incidental and extraneous affections as may arise in the progress of a case. To the combination I attribute the remarkable and speedy relief given. Of this fact I am assured, that when I employed emetics, purgatives and the lancet, my patients lingered, suffered and often died—*now they recover.*—*Southern Journal.*

Administration of Quinine.

Give each hour or second hour, the sixth or twelfth part of a grain, to be taken daily, and leave ten hours interval without any quinine. Gradually increase the dose until head symptoms, as vertigo and pain are produced. In ague, give the medicine so as to produce the maximum effect at the commencement of the febrile action, so as, if possible, to stop the access. In typhoid fever, give it during the night, for the access comes on in the afternoon. Quinine when given in pills, is in three hours only one-sixth as active as when given in solution, in five hours it is four-fifths as active as when in solution; thirty grains in pills does not appear in the urine till six or seven hours after they are taken, while four and-a-half grains taken in solution are traceable in the urine in from three to four hours; fifteen grains used as an enema, appear in the urine in from three to four hours. The absorption of quinine by the sound skin is very doubtful. —(*Briquet*) *Stethoscope.*

Tinct. Ferri Chloridi in Uterine Hemorrhage.

Dr. Frederick Schriever, of Hamburg, for the last thirteen years has made use of the tinct. ferri chloridi for the suppression of uterine hæmorrhage with most decided success. His manner of using it is to dilute fifty to one hundred drops with three or four ounces of water, according to the severity of the case, and inject per vaginam.

Dr. Schriever also recommends the use of the tinct. ferri chlorid. in cases where paralysis of the uterus and the power of contraction is wanting. For violent hæmorrhage, in cases of placenta prævia, where rapid delivery cannot be effected, Dr. S. uses the tincture, by means of compressed sponge saturated with the liquor, and introduced into the mouth of the womb as high as possible; this not only arrests hæmorrhage, but hastens dilatation. It may be used also in cases of cancer of the uterus where profuse bleeding occurs.—*Mon. f. Geb. u. Fran.*

Glycerine as a Dressing to Wounds, &c.

In the Dublin Medical Press (Dec. 5), appears an extract from the Presse Med. Belge, in which [M. Dunarquay called attention to the use of glycerine, as an application in the treatment of hospital gangrene and wounds in general. Reflecting on the physical and chemical qualities of the article, he concluded to try it in dressing wounds; and having hospital gangrene make its appearance in Hôpital Saint Louis, he had recourse to glycerine, after every other means had failed in combating this affection; and in twenty-four hours after the application, the wounds had changed their appearance, the fever gone away, and a cure was speedily accomplished. Struck with these facts, he resolved to continue his researches, and consequently all the wounded in the hospital were dressed with glycerine, with the following results:—

Wounds submitted to this mode of dressing have a florid color, and continue so clean that washing and the recourse to the spatula, to remove the cake of cerate and pus which makes the present mode of dressing wounds so tedious and painful, can be dispensed with. Folds of linen smeared with glycerine are removed with the greatest facility, and, besides, this substance moderates the suppuration, as I have ascertained in the case of a number of patients, who before the employment of the new dressing had been using the cerate. The granulations, too, are not redundant, and consequently do not need to be kept down by the application of caustic.

The manner of applying glycerine in dressing wounds is extremely simple. A fold of perforated linen, dipped in the fluid, is placed over the wound so as fully to cover it, a little lint is applied over the linen, and external to these a compress and bandage. The next day the linen can be removed without pain, and the wound appears florid, clean, and scarcely covered with pus.

Glycogenia.

In an interesting article on the Secretion of Sugar in the Human Economy, by Dr. Bernard Henry, he deduces the following conclusions.

That sugar is a normal product in man.

That this principle is secreted in the liver, and that it is a normal function of that organ.

That the source of its supply is from nitrogenized elements.

That the food furnishes it also to the system.

That in the glycogenic function there is a sympathy of relation between the liver, the lungs, and the cerebral centre.

That in the disease called diabetes mellitus the equilibrium of the production and destruction is disturbed, and that any one of these three structures may be at fault, and that it is to one or more of them that our remedies must be directed.

That the experiments of Lehman, Bernard, and Andral, will warrant the careful allowance of small portions of vegetable food in this disease, and thus relieve our patients from one of the most distressing and trying attendants of the present mode of treatment.

That the labors of the physiologist, and, above all, of Mr. Claude Bernard, have paved the way for a better understanding of diabetes mellitus, by demonstrating the condition of the glycogenic function in the state of health ; but that close and more extended pathological observations were called for to render his researches available to the physician for a successful plan of treatment of a disease which is rare, but has thus far proved intractable.—*Med. Ex.*

Chloroform.

Denonvilliers says, in reference to the use of chloroform, that it "can be administered to both men and women, from earliest infancy to extreme old age. Hysteria and epilepsy are not absolute improvements to its employment ; and diseases of the brain, heart or lungs, only interfere with its use when they are very plainly marked.

The debility which follows large hæmorrhages ; the prostration which accompanies strangulated hernias of long duration ; the commotion and stupor caused by extensive wounds ; the crushing injuries caused by falls from a great elevation and complicated gun-shot wounds are undoubtedly contra-indications, because they all favor syn-

cope. The same may be said of the exaggerated fears and cowardice of persons.

Chloroformization is also improper in all operations where blood is liable to be poured out abundantly into the air passages."

These are general, not absolute propositions. "The patient, when about to take chloroform, should be in a horizontal position, and the pulse beneath the fingers of an experienced physician. The chloroform should be given at first in small doses, gradually increasing the quantity. If prolongation of anæsthesia is desired, the chloroform should be brought into requisition with caution, as soon as the patient begins to recover. Always be on guard against syncope.

If syncope supervene, the following course should be pursued :

1st. Place the patient on an inclined plane, so that his feet are elevated, his head occupying the lowest point.

2d. Practice artificial respiration, by regular pressure on the thoracic and abdominal walls, force open the mouth, and, drawing out the tongue, irritate the back of the throat with the finger or spatula.

3d. Open the windows, so as to introduce fresh and pure air.

These means will be successful, if carried to effect with energy and continued perseverance.

Nothing is so effectual in restoring life after the inhalation of chloroform, according to Giraudet, as a current of electro-magnetism through the diaphragm, or along the course of the phrenic nerves.—*Virg. Med. and Surg. Journal*.

Anti-Hydrophobic.

Dr. Mussey, of Cincinnati, reports several cases of wounds caused by the bites of rabid animals, which he treated with iodine with success. His manner of using it, is to apply it in tincture to the wound every five minutes for an hour, and then apply an emollient poultice. The tincture then is to be applied every hour for ten hours, and every four hours for the twenty-four hours succeeding, with a change of poultice every twelve hours until the wounds are healed.—*Cin. Med. Observer*.

Rubus Villosus (Blackberry).

Dr. Cyrus S. Sneed, of Georgia, in an article in the *Southern Journal*, on the qualities of *rubus villosus*, says that he is convinced from careful experiment, that its effectiveness in diarrhœa and dysentery does not depend upon the tannin it contains, as has been gener-

ally supposed, but upon a bitter stimulant or tonic principle, which may be obtained in the form of a fluid extract of a light yellow color, by treating the bark of the fresh root with cold water. This extract, he says, is more efficacious than the astringent preparation. He has found it to produce some extraordinary cures in cases where every other remedial agent had failed. The preparation should be given in small quantities five or six times a day.

Diminution of pain in the application of Leeches.

The leeches are to be placed in a glass half filled with water, which is then to be rapidly reversed upon the part to which they are to be applied. The patient feels the sensation only as if one leech was biting. When they have all taken hold the glass is to be carefully removed, catching the water in a sponge.—*Southern Journal (Revue Medicin.)*

Prolapsus of the Rectum.

M. Duchansey reports, in the *Archives General de Medicin*, a case of prolapsus of the rectum, of four years standing, treated by strychnine endermically around, and as near the anus as possible, beginning with one-sixteenth of a grain on the first day, and gradually increasing to one-half a grain in six days. At the end of this time the case was pronounced cured, and subsequent observation proved the successful result of the treatment.—*Am. Lancet*.

Abstraction of Blood in Poisoning.

M. Magendie taught us to believe that the fuller the vascular system is, the less active is absorption. Prof. Vierordt having instituted some experiments upon animals with strychnia, upon some of which venesection was practised, his conclusions are opposed to those of the learned physiologist, and show that losses of blood retard the invasion of the symptoms, and especially after the period of death.—*Archiv für Physiol. Heilkundue*.

Case of Syphilitic Hemichorea. By DR. COSTELHES, Assistant Physician to St. Lazarus Hospital, &c.

In April, 1852, a woman was admitted into St. Lazarus Hospital, the subject of secondary syphilis. The woman remained under treatment for a space of about five months, with various exhibitions of the

disease. In August, the patient awaked one morning affected with jerking spasmodic contractions of the muscles of the left side, first of the upper and after of the lower extremity. This condition increased in severity, until there was complete hemiplegic chorea. Accompanying these nervous symptoms, which may be considered as syphilitic, in tertiary form, was occipital headache and pain in the left arm from the elbow to the hand, and also in the left eye. The patient was treated with iodide of potassium in about ten grain doses three times a day. Recovery was complete in thirty-one days. It seems therefore that the syphilitic is to be added to the rheumatic, gouty, tuberculous and scrofulous diathesis as causes of chorea.—*Dublin Press.*

New test for Sugar in Urine.—By M. LUTON.

The test is prepared by adding an excess of sulphuric acid to a cold saturated solution of bichromate of potassa, so that some free sulphuric acid will be present when all the chromic acid will be liberated; it is of a beautiful limpid red color. If sufficient of the test be added to diabetic urine to impart a red color, and the mixture be then warmed, a brisk effervescence ensues, and the color changes from red to emerald green.

The theory of this reaction is simply this: chromic acid being an active oxydizing agent, especially in the presence of another acid, gives up some of its oxygen to the sugar, and the result is carbonic acid, water, and sesquioxide of chrome; this last dissolves in the free sulphuric acid, and forms the persulphate of the sesquioxide. M. Luton says this test is speedy, and succeeds when the ordinary tests act slowly and obscurely.—*Northern Lancet.*

Paracentesis of the Pericardium.

A young man, aged sixteen, was brought into the wards of M. Trousseau, suffering with intense dyspnoea. There was considerable dulness in the precordial region, upon percussion, which extended from the second rib above, and to the right of sternum, a surface of forty-five cubic inches, with a decided prominence of the left side. There was effusion. The patient, though at first weak and debilitated, became daily more and more feeble under the use of digitalis and counter-irritants, and the dulness reached the clavicle. As a dernier resort, paracentesis was determined on, and accordingly, M. Jobert, making an incision in the fifth intercostal space, through the skin and

cellular tissue, plunged a trochar into the cavity of the pericardium. The canula was left in position for one hour and a half, during which time thirteen ounces of serum escaped. Great relief was obtained by the operation; the respiration was quiet, and the pulse good. The dulness was found to have diminished three inches below the clavicle. After a few days of improvement, an effusion was found to exist in the left pleura, and increasing. The symptoms became urgent. Paracentesis of the thorax was practised, emptying the pleura of a pint of fluid. The patient speedily recovered without accident.—*Gazette des Hopitaux.*

THE SETON BEFORE THE ACADEMY OF MEDICINE OF PARIS.—A very hot discussion has just been closed before the Academy of Medicine of Paris, on the use of the seton, and a great many instructive facts, both in ancient and modern medicine, connected with that powerful derivative, were brought to light, both by M. Bouvier, the author of the paper and advocate of the practice, and M. Malgaigne, the caustic and epigrammatic decrier of the seton. There can be hardly any doubt but that the latter eminent surgeon went too far with his condemnation, and the timely use of the seton, especially in chronic ophthalmic cases, will continue in favor with the great majority of practitioners. M. Bouvier employs little cords of No. 1 bougies, and covered with a waterproof composition, instead of the skein or tape.—*London Lancet.*

EDITORIAL AND MISCELLANEOUS.

MEDICAL RESOURCES OF NEW YORK.—Aware that the profession have little idea of the very abundant facilities which New York possesses and makes available to medical students, it has been our constant effort to enlighten them. The constant remark of graduates from other places, that they regret they had not sooner had an accurate notion of what can be seen and studied in this city, convinces us that we are doing a kindness when we make it a subject of remark. Another illustration can be given, which may be in some respects more striking than our previous ones.

Among the medical students connected chiefly with the New York Medical College, a society for mutual improvement was formed early in the present session. At a public meeting held in January, a report

of what had been done in so short a time was read, and one feature strikingly shows what is here at the command of the students. Among other exercises, opportunity is given for the presentation of specimens of interest. After *four* meetings only, and these held weekly, the list embraced eighteen specimens, viz. :—malignant disease of the liver ; malignant disease of the kidneys ; the heart of a rheumatic patient with characteristic deposit ; fatty tumor from the brain ; arrest of development in a fœtus ; malignant disease of the upper extremity of the tibia ; ossified thyroid body ; tubercular deposit in the spleen ; gall stones, *fifty-six* from one patient and *two* from another ; the urinary bladder of a child with calculi and abscess ; Pott's disease of the spine ; specimens showing the reparative process in bone ; fibrous tumor from the posterior wall of the uterus, very large ; fibrous tumor from the anterior wall of the uterus ; another from the opening of the right fallopian tube ; another uterus with a large number of similar tumors in its structure, and one in one of the broad ligaments. Excessive hypertrophy of the heart, eccentric with dilatation of the ventricles ; another malignant tumor on the superior extremity of the tibia.

Many a society of practitioners would be proud of such a number and variety of morbid specimens brought before them at four meetings. This too is not the result of spasmodic efforts though of diligence and is no more than can be done in New York by many others. The advantages to young medical men of seeing, of handling, of studying carefully such specimens, cannot be too highly esteemed, and is an advantage which few students in other cities can boast.

INAUGURATION OF THE NEW EDIFICE OF THE COLLEGE OF PHYSICIANS AND SURGEONS.—This edifice is situated upon 4th avenue and 23d street ; fronting the latter. It is a plain but substantial looking building, its first story being occupied by stores and the remaining two devoted to the proper uses of the College. It was first opened to the public on the evening of January 22d, and the Address was delivered by Dr. Edward Delafield, Emeritus Professor of Obstetrics.

The exercises of the evening consisted of a prayer by the Rev. Dr. Vermilye ; a brief welcome and congratulation of the friends of the College by Dr. Cock, President of the Board of Trustees, and which was better written than read ; and the Address of Delafield.

Dr. Delafield's subject—the History of the College of Physicians and Surgeons—hardly allowed, perhaps, the higher grace of style ;

but it was highly creditable as a literary performance, and very interesting throughout. But its most gratifying feature was its generous and catholic spirit. Dr. D. stated that the three medical colleges in this city flourish and will flourish; and added, in another connection, that he sincerely hoped that all the colleges will prosper; since competition compels more accurate and scientific teaching, and thus advances both the science and the art of medicine. He denounced a dishonorable rivalry as ruinous to the college that engaged in it. Such sentiments ought to influence not a few of the profession of this city—coming as they do from one ripe in years and in reputation, and whose actual experience as well as observation qualifies him to speak decidedly on this subject. He adverted to the fact that students have long been driven from this city, possessing the greatest attractions for the prosecution of clinical medicine that exist in this country, to Philadelphia, by the dissensions and cliques existing here.

We trust, however, that these influences will now cease to exist here; and to their total annihilation the MONTHLY will ever be ready, as it has been, to lend its aid. It is hoped that Dr. Delafield's address will be published, when we shall take great pleasure in laying some extracts from it before our readers. *

JEWS AND TAPE WORMS.—A paragraph is going the rounds stating that the presence of these worms in man is owing to the use of pork as food, and in illustration of its truth, it is asserted that Jews never have them. We suspect some Israelite must have given this the start, and should feel safe in denying that they are free from them. But suppose the germ of the worm does exist in pork, if the meat was eaten uncooked, it might then develop itself into the full entozoon. How it can do so after having been subjected to the degree of heat necessary to cook the meat, and which is high enough to destroy animal life, one does not understand. The same worm has also been found in animals, as the sheep, which do not eat pork or any other variety of meat.

BOOK NOTICES.

How to Nurse Sick Children. S. S. & W. Wood. (From the publishers.)

This is a little pamphlet of 65 pages. It was first published for the benefit of the Hospital for Sick Children, opened in London in

1851, and was addressed to the nurses in that hospital. It specifies the qualification of a nurse, her difficulties, duties, and rewards; and is replete with excellent advice as to the manner in which she may best perform the duties of her vocation.

The Practitioners' Pharmacopæia, and Universal Formulary, containing 2,000 Classified Prescriptions, &c. By JOHN FOOTE, M.R.C.S., London; with Corrections and Additions, by an American Physician. S. S. & W. Wood. 1 vol. 12 mo., pp. 390. (From the publishers.)

The above is about one-half of a title, so ambitious as almost to excite suspicion, when we consider the size of the work it heralds forth. And yet we doubt not, on examination, that it is strictly true. We cannot vouch for 2,000 prescriptions, not having counted them; but we are positive that the purchaser of the book will hardly have occasion to wish there were more of them, though they appear to be selected and arranged with much care.

The work also contains "an abstract of three British Pharmacopæias," (London, Edinburg, and Dublin,) "and much other useful information for the practitioner and student"—the first 38 pages being filled with judicious advice in regard to the treatment of accidents, and of poisoning by the various acrid and narcotic poisons. The practitioner who is so pressed by business as not to find time for careful study, will find in this volume a condensed view of the subjects of which it treats; and no one who purchases it will regret he has made such an investment.

City Inspector's Report, 1855.

This report extends over the year 1854, and is the product of an immense amount of accurate labor on the part of Thomas H. Downing, the City Inspector. The statistics of so large a city as this are of the highest value and importance, if carefully collected and collated; and we intend to lay some of them before the readers of the Monthly at a future day.



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This Periodical is published on the first day of every month, each number containing at least eighty pages, printed in the best style, on fine paper. It thus furnishes to its subscribers two volumes per year, of 480 pages each; filled with valuable matter.

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E. P. ALLEN.

New York, January, 1856.